

EXHIBIT 309

PSI 30b_ 503 - 001



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

Written Response

License [REDACTED]

Prescription Supply, Inc.

2233 Tracy Road
Northwood, OH 43619
Wood County

Wholesaler/Manufacturer

Category Three

Wholesale Distributor Inspection

October 25, 2017

PSI - J. Schoen
Exhibit
2

207780-CAK 2/27/2019

PSI 30b_ 503 - 002

License [REDACTED] - Prescription Supply, Inc.

Written Response Required Details**23) Wholesale Facilities**

9) The facility has a system in place to identify and report suspicious orders for drugs to the Ohio State Board of Phar...



License [REDACTED] - Prescription Supply, Inc.

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
 (614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Kevin E. Flaharty

Start 10/20/2017 3:18 AM

End 10/20/2017 3:49 AM

Organization**Name**

Prescription Supply, Inc.

License Type

Wholesaler/Manufacturer

Category

Category Three

License Number

[REDACTED]

Business Type

Full Service

DEA Number

PP0031904

Responsible

Jacquelyn J. Harbauer

Person**Hours of Operation****Contact****Address**

2233 Tracy Road
 Northwood, OH 43619
 Wood County

Primary Number

(419) 661-6600

Fax Number

(419) 661-6617

Website**Personnel****Name**

Jacquelyn J. Harbauer

Position I.D. No.

Responsible

Phone

(419) 661-6600

Email

jharbauer@prescriptionsupply.com

Person

(419) 661-6600 x

tschoen@prescriptionsupply.com

Thomas G. Shoen

Initials

Manager

118

License [REDACTED] - Prescription Supply, Inc.

23) Wholesale Facilities

- * 9) The facility has a system in place to identify and report suspicious orders for drugs to the Ohio State Board of Pharmacy. Written Response Required

No

Observation

Observation 1:

An inspection was performed by Agents with the Ohio State Board of Pharmacy on May 22, 2017. During that inspection, Agents asked a Prescription Supply representative for their policies and procedures on reporting suspicious orders to the Ohio State Board of Pharmacy. Prescription Supply provided the Agents the following: Suspicious Order Monitoring Statement and Retail Pharmacy Questionnaire 2016.

However, Prescription Supply has not reported a suspicious drug order to the Ohio State Board of pharmacy during at least the years of 2014, 2015, 2016, and 2017. Therefore, it appears that Prescription Supply does not have a suspicious order reporting process compliant with rule 4729-9-16 (H)(1)(e)(i), which states, in part:

(H) Wholesale drug distributors shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of dangerous drugs.

(1) These records shall include, but shall not be limited to, the following information:

(e) A system shall be designed and operated to disclose orders for controlled substances and other dangerous drugs subject to abuse.

(i) The wholesaler shall inform the state board of pharmacy of suspicious orders for drugs when discovered. Suspicious orders are those which, in relation to the wholesaler's records as a whole, are of unusual size, unusual frequency, or deviate substantially from established buying patterns.

Warning with Required Written Response for:

1. Explain in detail how your policies and procedures for identifying and reporting suspicious orders meet the requirements of rule 4729-9-16(H).

RESPONSE: Besides the previously submitted documentation, Prescription Supply, Inc. has system thresholds in place for drug classes. This does not allow orders to enter the system for quantities above monthly thresholds unless specifically overridden by Controlled Substance Manager.

In the event that orders are of unusual size or frequency, or deviate substantially from established buying patterns, CS Manager contacts the customer. CS Manager may, if deemed appropriate, override orders after communication with the location. Customer may be requested to complete a CS Change in Consumption 2 form, (see attached). In the event that orders remain suspicious after communication, the relevant State Board of Pharmacy, DEA, FDA and Northwood Police are contacted.

Finally, CS Manager has a close working relationship with each of our customers built over time and through continuous communication.

2. Explain in detail why there have been no suspicious orders reported to the Board for years 2014, 2015, 2016, and 2017.

RESPONSE: We have not had any suspicious orders as we have received prior justifications/explanations for quantity changes/spikes/terminations.

Observation 2:

PSI 30b_ 503 - 004

License [REDACTED] Prescription Supply, Inc.

A subsequent review of wholesale sale data reported to the Ohio State Board of Pharmacy for drugs containing Oxycodone 10mg and Oxycodone 30mg indicated many sales appeared to be of unusual size, unusual frequency, or that deviate substantially from established buying patterns, but were not reported to the Board of Pharmacy as suspicious orders. Specifically, we observed spikes in sales for specific months and sales that seem to steadily increase or spike and then abruptly stop. See referenced sales in the attached spreadsheet.

Warning with Required Written Response for:

1. Please explain the rationale for **EACH** of the monthly sales noted in attached spreadsheet, including but not limited to:
Why did Prescription Supply determine it was not necessary to report any of the sales to the Board of Pharmacy as a suspicious order?
For sales that steadily increase or spike and abruptly stop, please explain rationale for the stoppage.
Explain why the instances of high volume sales identified in the attached spreadsheet, including those that increased over time, were not identified as suspicious orders.
1. In the attached spreadsheet, where the Board has identified abrupt cessation of sales, did Prescription Supply refuse to continue selling to the particular customer? If so, explain why including, but not limited to:
Was the cessation of sales due to you identifying the sale as a suspicious order?
Did the customer cease sales on their own?
Was there some other explanation for the stoppage?

33) Inspection Affirmation

1) Inspection Affirmation

Observation

This inspection report is being emailed to you to respond to items surrounding suspicious orders. Please note, that a written response is required from you within five (5) business days and should be sent to writtenresponse@pharmacy.ohio.gov with a copy of this inspection report. If you have any questions, please contact Agent David Gonzalez at (937) 538-0774 or by email at David.Gonzalez@pharmacy.ohio.gov

Summary

Written Response Required

Reviewed by Jacquelyn J. Harbauer



(Signature)

Prescription Supply Sales

Pharmacy	City	DEA#	Drug	Sale Comments (Month-Year and numbers are dosage units)
Kahler Pharmacy	Toledo	[REDACTED]	Oxycodone 10mg	Spike 12-14 at 12,500
Shaffer Pharmacy	Toledo	[REDACTED]	Oxycodone 30mg	Spike 4-14 at 5,400
Medicine Shoppe	Bellevue	[REDACTED]	Oxycodone 30mg	Spike 1-15 at 5,100
Gibsonburg Pharmacy	Woodville	[REDACTED]	Oxycodone 10mg	Gradual increase in sales from 1-14 and then spike in 10-17 at 2,300, then sales abruptly stop

WRITTEN RESPONSES FOR EACH PHARMACY ARE BOLDED BELOW**KAHLER PHARMACY**

1. Why did Prescription Supply determine it was not necessary to report any of the sales to the Board of Pharmacy as a suspicious order?

Pharmacy submitted reasons for increase due to increase in patients. (See attached KAHLER)

2. For sales that steadily increase or spike and abruptly stop, please explain rationale for the stoppage.

Not Applicable

2. Explain why the instances of high volume sales identified in the attached spreadsheet, including those that increased over time, were not identified as suspicious orders.

Not suspicious as explanation provided prior to increase.

4. In the attached spreadsheet, where the Board has identified abrupt cessation of sales, did Prescription Supply refuse to continue selling to the particular customer? If so, explain why including, but not limited to:

- a Was the cessation of sales due to you identifying the sale as a suspicious order?
- b Did the customer cease sales on their own?
- c Was there some other explanation for the stoppage?

Not Applicable

SHAFFER PHARMACY

1. Why did Prescription Supply determine it was not necessary to report any of the sales to the Board of Pharmacy as a suspicious order? **Pharmacy submitted reason for increase due to projected shortage as defined by manufacturer's representative and an increase in patients due to additional doctors moving into the building. (See attached SHAFFER)**
2. For sales that steadily increase or spike and abruptly stop, please explain rationale for the stoppage.
Not Applicable
3. Explain why the instances of high volume sales identified in the attached spreadsheet, including those that increased over time, were not identified as suspicious orders.
Not suspicious as explanation provided prior to increase.
4. In the attached spreadsheet, where the Board has identified abrupt cessation of sales, did Prescription Supply refuse to continue selling to the particular customer? If so, explain why including, but not limited to:
 - d Was the cessation of sales due to you identifying the sale as a suspicious order?
 - e Did the customer cease sales on their own?
 - f Was there some other explanation for the stoppage?**Not Applicable**

MEDICINE SHOPPE-BELLEVUE

1. Why did Prescription Supply determine it was not necessary to report any of the sales to the Board of Pharmacy as a suspicious order? **Pharmacy submitted reasons for increase due to shortage by its primary supplier, Cardinal Health. (See MEDICINE SHOPPE-BELLEVUE)**
2. For sales that steadily increase or spike and abruptly stop, please explain rationale for the stoppage.
Not Applicable
3. Explain why the instances of high volume sales identified in the attached spreadsheet, including those that increased over time, were not identified as suspicious orders.
Not suspicious as explanation provided prior to increase.
4. In the attached spreadsheet, where the Board has identified abrupt cessation of sales, did Prescription Supply refuse to continue selling to the particular customer? If so, explain why including, but not limited to:
 - g Was the cessation of sales due to you identifying the sale as a suspicious order?
 - h Did the customer cease sales on their own?
 - i Was there some other explanation for the stoppage?**Not Applicable**

GIBSONBURG PHARMACY

1. Why did Prescription Supply determine it was not necessary to report any of the sales to the Board of Pharmacy as a suspicious order? **There was no spike in sales in October, 2017 as the pharmacy had been sold to CVS in August.**
2. For sales that steadily increase or spike and abruptly stop, please explain rationale for the stoppage.
Pharmacy was sold to CVS. Last order was on August 9, 2017. There was no order and therefore no spike in October 2017.
3. Explain why the instances of high volume sales identified in the attached spreadsheet, including those that increased over time, were not identified as suspicious orders.
There was no spike in sales in October, 2017 as the pharmacy had been sold to CVS in August.
4. In the attached spreadsheet, where the Board has identified abrupt cessation of sales, did Prescription Supply refuse to continue selling to the particular customer? If so, explain why including, but not limited to:
 - j Was the cessation of sales due to you identifying the sale as a suspicious order?
 - k Did the customer cease sales on their own?
 - l Was there some other explanation for the stoppage?
Customer stopped buying as the store was sold to CVS.

NOTE: On your data base, Thomas G. Schoen's name is misspelled. Also, Thomas is our President.

PRESCRIPTION SUPPLY, INC. 2233 TRACY RD NORTHWOOD, OH 43619**INCREASED PURCHASE REQUEST for CONTROLLED SUBSTANCES
(Use a separate form for EACH drug family increase)**

We understand that changes in usage occur. To facilitate increased purchasing, please have the Owner, Business Officer or Authorized Signatory complete and return this form.

FAX 419-661-6619 ATTN: Jim Schoen

RETAIL PHARMACY NAME: _____ PSI ACCT#: _____

DBA: _____

ADDRESS: _____

PHONE: _____ FAX: _____ PHCY DEA #: _____

1. NAME/DRUG FAMILY: _____

2. Has the pharmacy prescription count increased? YES NO

3. Did the pharmacy change its business activities? YES NO

4. Has there been an increase in prescribers? YES NO

5. Is the pharmacy servicing additional LTC/Hospice/Pain Mgmt/Urgent Care? YES NO

6. Reason for request:

7. If NEW Pain Management Clinic/Physicians/Hospice/Urgent Care/Long Term Care, please list each prescriber name with their DEA #.

NAME _____ DEA# _____ ST LICENSE # _____

NAME _____ DEA# _____ ST LICENSE # _____

NAME _____ DEA# _____ ST LICENSE # _____

I, as the **Owner, Authorized Representative or Officer of the Owner**, declare under penalty of perjury that I have completed this request to the best of my knowledge and believe the information provided is true, accurate and complete.

AUTHORIZED SIGNATOR:

Signature _____

Date _____

Printed Full Name _____

Title _____

PSI0000014

October 26, 2017

GIBSONBURG PHARMACY

1. Why did Prescription Supply determine it was not necessary to report any of the sales to the Board of Pharmacy as a suspicious order? **PSI is a secondary supplier for this store. It was not unusual for this store to purchase and then not buy that product for several months. Therefore, this sales pattern was not suspicious. (See the attached complete sale history).**

2. For sales that steadily increase or spike and abruptly stop, please explain rationale for the stoppage.

This location purchased inconsistently from us. We were aware that the store was in negotiations to sell. It appears that as of March, 2017 controls were not purchased due to the pending sale. They did buy some controls shortly before sale of the store. The last order was on August 9, 2017 as the store was sold.

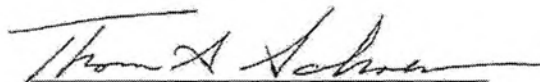
3. Explain why the instances of high volume sales identified in the attached spreadsheet, including those that increased over time, were not identified as suspicious orders.

Our CS Department was in frequent contact with both the owner and RPh regarding orders. This account preferred to purchase controls through us as we provided same day delivery, instead of their primary supplier Cardinal Health. Also, they purchased once or twice per month in larger quantities rather than buying more frequently.

4. In the attached spreadsheet, where the Board has identified abrupt cessation of sales, did Prescription Supply refuse to continue selling to the particular customer? If so, explain why including, but not limited to:

- a Was the cessation of sales due to you identifying the sale as a suspicious order?
- b **Did the customer cease sales on their own? YES**
- c Was there some other explanation for the stoppage?

Customer stopped buying as the store was sold to CVS.


Thomas G. Schoen, President

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSLITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK	
3297000	342493	00121050416	ACETAMINOPHEN W/COD ELIX PAI	COD	473	5	07/13/15	2254401	1		
		00121050416 Total									0
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	07/16/14	2093878	1	142019602	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	08/29/14	2113486	1	142019617	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	10/16/14	2134403	1	142019594	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	12/16/14	2163330	1	142019587	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	02/18/15	2191601	1	144795486	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	04/06/15	2212979	1	144795483	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	06/16/15	2244264	1	144795500	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	08/25/15	2271648	1	152204389	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	10/27/15	2296766	1	152204409	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	01/13/16	2330969	1	154004293	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	02/26/16	2351793	1	154004308	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	04/22/16	2375062	1	154004276	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	07/11/16	2410279	1	161253165	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	08/15/16	2425451	1	161253619	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	10/18/16	2454139	1	163460090	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	11/22/16	2470671	1	163460096	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	01/25/17	2503007	1	163460114	
3297000	344283	54092038701	ADDERALL XR 20MG CAP	20MG	100	2	08/01/17	2590903	1	170714596	
		54092038701 Total									0
3297000	344291	54092039101	ADDERALL XR 30MG CAP	30MG	100	2	03/24/14	2043489	1	134737879	
3297000	344291	54092039101	ADDERALL XR 30MG CAP	30MG	100	2	07/09/14	2090817	1	142019600	
		54092039101 Total									0
3297000	195420	00781106105	ALPRAZOLAM 0.25MG TAB SAN	0.25MG	500	4	02/23/15	2193778	1		
		00781106105 Total									0
3297000	345942	00555097302	AMPHETAMINE SALT COMB 20MG TAB	20MG	100	2	03/05/14	2034918	1	134737874	
3297000	345942	00555097302	AMPHETAMINE SALT COMB 20MG TAB	20MG	100	2	04/15/14	2053682	1	134737906	
3297000	345942	00555097302	AMPHETAMINE SALT COMB 20MG TAB	20MG	100	2	06/04/14	2075879	1	134737896	
3297000	345942	00555097302	AMPHETAMINE SALT COMB 20MG TAB	20MG	100	2	06/23/14	2084205	1	134737900	
3297000	345942	00555097302	AMPHETAMINE SALT COMB 20MG TAB	20MG	100	2	08/06/14	2103044	1	142019613	
3297000	345942	00555097302	AMPHETAMINE SALT COMB 20MG TAB	20MG	100	2	10/05/14	2129700	2	142019626	
		00555097302 Total									0

1 of 49

00000016

PSI 30b_503 - 010

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

QJST NUMBER	PSI ITEM	NOC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARKBLANK
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	01/24/14	2016684	1	134737892
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	02/10/14	2023653	1	134737881
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	03/19/14	2041326	1	134737878
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	04/29/14	2059973	1	134737908
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	06/10/14	2078597	1	134737897
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	07/30/14	2099909	1	142019604
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	08/06/14	2103044	1	142019613
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	09/16/14	2120978	1	142019623
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	09/29/14	2126415	1	142019624
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	10/13/14	2132772	1	142019592
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	12/26/14	2167449	1	142019588
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	01/28/15	2182185	1	144795496
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	02/27/15	2196013	1	144795488
3297000	345926	00555097202	AMPHETAMINE SALT COMBO 10MG TAB	10MG	100	2	05/01/15	2224881	1	144795472
		00555097202 Total								0
3297000	359174	00555077702	AMPHETAMINE SALT COMBO 15MG TAB	15MG	100	2	03/31/15	2210580	1	144795482
3297000	359174	00555077702	AMPHETAMINE SALT COMBO 15MG TAB	15MG	100	2	04/06/15	2212979	1	144795483
3297000	359174	00555077702	AMPHETAMINE SALT COMBO 15MG TAB	15MG	100	2	06/08/15	2240651	1	144795499
		00555077702 Total								0
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	03/05/14	2034918	1	134737874
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	03/31/14	2046762	1	134737903
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	06/03/14	2075477	1	134737895
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	06/23/14	2084205	1	134737900
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	08/12/14	2105417	1	142019619
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	09/16/14	2120978	1	142019623
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	10/16/14	2134403	1	142019594
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	11/18/14	2149430	1	142019612
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	01/07/15	2172654	1	144795492
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	02/09/15	2187270	1	144795484
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	03/09/15	2199822	1	144795489
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	05/13/15	2229970	1	144795465
3297000	345959	00555097402	AMPHETAMINE SALT COMBO 30MG TAB	30MG	100	2	07/08/15	2252723	1	152204416
		00555097402 Total								0

Prescription Supply, Inc. – Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	345918	00555097102	AMPHETAMINE SALT COMBO 5MG TAB	5MG	100	2	06/03/14	2075477	1	134737895
		00555097102 Total								0
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	06/23/14	2084205	1	134737900
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	08/27/14	2112384	1	142019616
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	09/10/14	2118434	1	142019622
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	10/30/14	2140586	1	142019596
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	11/28/14	2153852	1	142019610
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	09/04/15	2275795	1	152204392
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	03/04/16	2354604	1	154004267
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	04/12/16	2370585	1	154004275
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	06/07/16	2395538	1	161253127
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	07/11/16	2410279	1	161253165
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	08/12/16	2424725	1	161253159
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	10/05/16	2448758	1	161253139
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	12/12/16	2480228	1	163460098
3297000	846451	13107007001	AMPHETAMINE SALTS 10MG TAB AUR	10MG	100	2	05/09/17	2551186	1	17X836965
		13107007001 Total								0
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	07/17/15	2256246	1	152204418
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	08/07/15	2264662	1	152204385
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	08/21/15	2270470	1	152204388
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	09/25/15	2283866	1	152204398
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	10/12/15	2290631	2	152204402
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	01/13/16	2331053	1	154004282
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	01/29/16	2338522	1	154004302
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	02/18/16	2347958	1	154004307
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	03/08/16	2355949	1	154004268
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	04/22/16	2375062	1	154004276
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	05/10/16	2382966	1	154004278
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	07/05/16	2407759	1	161253163
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	07/11/16	2410279	1	161253165
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	09/09/16	2437120	1	161253147
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	10/05/16	2448758	1	161253139
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	10/14/16	2452731	1	163460087

3 of 49

00018

PSI 30b_503 - 012

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

LIST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	12/15/16	2482514	1	163460099
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	01/09/17	2494247	1	163460107
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	03/08/17	2522898	1	17X811570
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	04/20/17	2542645	1	17X829105
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	05/03/17	2548405	2	17X834498
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	07/17/17	2583401	1	17X864325
3297000	846477	13107007201	AMPHETAMINE SALTS 15MG TAB AUR	15MG	100	2	08/08/17	2594386	1	170714600
		13107007201 Total								0
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	08/27/14	2112384	1	142019616
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	09/03/14	2115155	2	142019618
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	07/17/15	2256246	1	152204418
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	08/14/15	2267525	1	152204386
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	09/04/15	2275795	1	152204392
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	09/10/15	2277558	1	152204394
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	12/11/15	2317361	1	154004300
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	01/11/16	2329679	1	154004293
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	01/20/16	2334280	1	154004285
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	02/26/16	2351793	1	154004308
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	03/18/16	2360743	1	154004273
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	04/12/16	2370585	2	154004275
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	06/07/16	2395538	2	161253127
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	06/15/16	2399318	1	161253128
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	07/11/16	2410279	2	161253165
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	08/04/16	2421099	1	161253158
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	09/02/16	2434310	2	161253146
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	10/12/16	2451727	1	161253140
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	10/21/16	2455816	1	163460091
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	11/09/16	2464318	1	163460094
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	12/12/16	2480228	2	163460098
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	01/09/17	2494247	1	163460107
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	01/20/17	2500733	1	163460113
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	02/08/17	2509720	1	163460118
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	02/10/17	2510760	2	163460119

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

LIST NUMBER	PSI ITEM	IDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	WARC BLANK
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	03/08/17	2522898	1	17X811570
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	07/17/17	2583401	1	17X864325
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	08/01/17	2590903	2	170714596
3297000	846485	13107007301	AMPHETAMINE SALTS 20MG TAB AUR	20MG	100	2	08/08/17	2594386	1	170714600
		13107007301 Total								0
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	08/27/14	2112384	1	142019616
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	10/13/14	2132772	1	142019592
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	07/07/15	2252159	1	152204415
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	09/04/15	2275795	1	152204392
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	11/05/15	2300607	1	152204410
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	10/12/16	2451727	1	161253140
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	11/09/16	2464318	1	163460094
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	12/15/16	2482514	1	163460099
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	02/16/17	2513547	1	163460120
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	03/22/17	2529118	1	17X817206
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	04/20/17	2542646	1	17X829041
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	05/31/17	2560890	1	17X845367
3297000	846444	13107006801	AMPHETAMINE SALTS 5MG TAB AUR	5MG	100	2	07/17/17	2583401	1	17X864325
		13107006801 Total								0
3297000	564229	00115132801	AMPHETAMINE SALTS ER 5MGCAPGLO	5MG	100	2	07/09/14	2090817	1	142019600
3297000	564229	00115132801	AMPHETAMINE SALTS ER 5MGCAPGLO	5MG	100	2	05/06/15	2227036	1	144795464
3297000	564229	00115132801	AMPHETAMINE SALTS ER 5MGCAPGLO	5MG	100	2	12/12/16	2480228	1	163460098
3297000	564229	00115132801	AMPHETAMINE SALTS ER 5MGCAPGLO	5MG	100	2	12/15/16	2482782	-1	163384467
		00115132801 Total								0
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	07/25/14	2097922	1	142019603
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	08/25/14	2111142	1	142019615
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	10/16/14	2134403	1	142019594
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	05/08/15	2228000	1	144795469
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	10/12/15	2290631	1	152204402
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	12/07/15	2314371	1	154004301
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	01/08/16	2328726	1	154004294
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	02/18/16	2347958	1	154004307
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	03/29/16	2364610	1	154004270

5 of 49

00020

PSI 30b_503 - 014

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PS ITEM	IDC	ITEM DESCRIPTION	STRENGTH	QTY	CLASS	DATE	INVOICE NUMBER	QUANTITY	AMOUNT
3297000	564245	00115132901	AMPHETAMINE SALTS ER10MGCAPGLO	10MG	100	2	04/12/16	2370585	1	154004275
		00115132901 Total								0
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	04/15/14	2053682	1	134737906
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	06/10/14	2078597	1	134737897
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	07/25/14	2097922	1	142019603
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	09/05/14	2116243	1	142019621
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	06/11/15	2242212	1	144795504
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	09/04/15	2275795	1	152204392
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	10/20/15	2294018	1	152204405
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	01/11/16	2329679	1	154004293
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	02/26/16	2351793	1	154004308
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	05/12/16	2384071	1	154004279
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	06/24/16	2403781	1	161253130
3297000	564252	00115133001	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	08/01/16	2419247	1	161253157
		00115133001 Total								0
3297000	913673	00115148801	AMPHETAMINE SALTS ER15MGCAPGLO	15MG	100	2	12/28/16	2488734	1	163460104
		00115148801 Total								0
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	05/19/15	2232365	1	144795468
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	07/02/15	2251184	1	152204414
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	08/07/15	2264662	1	152204385
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	09/04/15	2275795	1	152204392
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	11/05/15	2300607	1	152204410
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	01/21/16	2334814	1	154004287
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	04/08/16	2369278	1	154004280
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	04/22/16	2375062	1	154004276
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	06/01/16	2392786	1	161253151
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	07/11/16	2410279	1	161253165
3297000	564260	00115133101	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	09/20/16	2441823	1	161253136
		00115133101 Total								0
3297000	913095	00115148901	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	10/14/16	2452731	1	163460087
3297000	913095	00115148901	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	01/13/17	2497103	1	163460112
3297000	913095	00115148901	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	01/25/17	2503007	1	163460114
3297000	913095	00115148901	AMPHETAMINE SALTS ER20MGCAPGLO	20MG	100	2	08/01/17	2590903	1	170714596

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-25-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	ITEM NUMBER	QUANTITY	NAME/BLANK
		00115148901 Total								0
3297000	564278	00115133201	AMPHETAMINE SALTS ER25 NDCDISC	25MG	100	2	05/29/14	2073165	1	134737913
3297000	564278	00115133201	AMPHETAMINE SALTS ER25 NDCDISC	25MG	100	2	08/12/14	2105417	1	142019619
3297000	564278	00115133201	AMPHETAMINE SALTS ER25 NDCDISC	25MG	100	2	05/28/15	2236171	1	144795467
3297000	564278	00115133201	AMPHETAMINE SALTS ER25 NDCDISC	25MG	100	2	07/22/15	2257908	1	152204421
3297000	564278	00115133201	AMPHETAMINE SALTS ER25 NDCDISC	25MG	100	2	11/05/15	2300607	1	152204410
3297000	564278	00115133201	AMPHETAMINE SALTS ER25 NDCDISC	25MG	100	2	03/08/16	2355949	1	154004268
3297000	564278	00115133201	AMPHETAMINE SALTS ER25 NDCDISC	25MG	100	2	05/17/16	2386277	1	161253148
		00115133201 Total								0
3297000	875260	00115149001	AMPHETAMINE SALTS ER25MGCAPGLO	25MG	100	2	08/04/16	2421099	1	161253158
		00115149001 Total								0
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	03/24/14	2043489	1	134737879
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	05/19/14	2068648	1	134737912
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	06/23/14	2084205	1	134737900
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	08/25/14	2111142	1	142019615
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	09/29/14	2126415	1	142019624
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	04/15/15	2217356	1	144795470
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	06/11/15	2242212	1	144795504
3297000	564286	00115133301	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	08/14/15	2267525	1	152204386
		00115133301 Total								0
3297000	875278	00115149101	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	06/07/16	2395538	1	161253127
3297000	875278	00115149101	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	08/12/16	2424725	1	161253159
3297000	875278	00115149101	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	01/25/17	2503007	1	163460114
3297000	875278	00115149101	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	07/17/17	2583401	1	17X864325
3297000	875278	00115149101	AMPHETAMINE SALTS ER30MGCAPGLO	30MG	100	2	08/01/17	2590903	1	170714596
		00115149101 Total								0
3297000	902890	00378343293	ARMODAFINIL 150MG TAB MYL	150MG	30	4	09/06/16	2435210	1	
3297000	902890	00378343293	ARMODAFINIL 150MG TAB MYL	150MG	30	4	02/17/17	2514413	-1	
		00378343293 Total								0
3297000	917310	00093309256	ARMODAFINIL 150MG TAB TEV	150MG	30	4	08/01/17	2590912	1	
		00093309256 Total								0
3297000	406785	00591321901	BUTA/ASP/CAF 50/325/40 CAP WAT		100	3	07/01/15	2250330	2	
		00591321901 Total								0

7 of 49

P-10000022

PSI 305_503 - 016

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	BARCODE
3297000	353748	00603107554	CHERATUSSIN AC SYRUP QT	AC	118	5	02/02/16	2340178	3	
		00603107554 Total								0
3297000	353755	00603107558	CHERATUSSIN AC SYRUP QT	AC	473	5	02/13/15	2189803	1	
		00603107558 Total								0
3297000	353805	00603107858	CHERATUSSIN DAC SYR QT	DAC	473	5	02/18/14	2027603	1	
		00603107858 Total								0
3297000	561241	00093083205	CLONAZEPAM 0.5MG TAB TEV	0.5MG	500	4	01/20/14	2014321	1	
3297000	561241	00093083205	CLONAZEPAM 0.5MG TAB TEV	0.5MG	500	4	07/25/14	2097981	1	
3297000	561241	00093083205	CLONAZEPAM 0.5MG TAB TEV	0.5MG	500	4	01/30/15	2183357	1	
3297000	561241	00093083205	CLONAZEPAM 0.5MG TAB TEV	0.5MG	500	4	06/09/17	2566000	1	
		00093083205 Total								0
3297000	242487	00093083301	CLONAZEPAM 1MG TAB TEV	1MG	100	4	07/25/14	2097981	2	
		00093083301 Total								0
3297000	561258	00093083305	CLONAZEPAM 1MG TAB TEV	1MG	500	4	03/14/14	2039243	1	
3297000	561258	00093083305	CLONAZEPAM 1MG TAB TEV	1MG	500	4	07/02/14	2088183	1	
3297000	561258	00093083305	CLONAZEPAM 1MG TAB TEV	1MG	500	4	05/09/17	2551246	1	
		00093083305 Total								0
3297000	391987	00555009596	CLONAZEPAM ODT 0.25MG 10X6 BAR	0.25MG	60	4	04/12/16	2370520	2	
3297000	391987	00555009596	CLONAZEPAM ODT 0.25MG 10X6 BAR	0.25MG	60	4	09/26/16	2444286	1	
3297000	391987	00555009596	CLONAZEPAM ODT 0.25MG 10X6 BAR	0.25MG	60	4	02/10/17	2510816	1	
		00555009596 Total								0
3297000	391995	00555009696	CLONAZEPAM ODT 0.5MG 10X6 BAR	0.5MG	60	4	12/22/15	2322222	1	
3297000	391995	00555009696	CLONAZEPAM ODT 0.5MG 10X6 BAR	0.5MG	60	4	02/12/16	2345306	1	
3297000	391995	00555009696	CLONAZEPAM ODT 0.5MG 10X6 BAR	0.5MG	60	4	03/22/16	2362000	2	
3297000	391995	00555009696	CLONAZEPAM ODT 0.5MG 10X6 BAR	0.5MG	60	4	11/11/16	2465687	1	
3297000	391995	00555009696	CLONAZEPAM ODT 0.5MG 10X6 BAR	0.5MG	60	4	01/18/17	2499437	1	
3297000	391995	00555009696	CLONAZEPAM ODT 0.5MG 10X6 BAR	0.5MG	60	4	03/06/17	2521468	3	
3297000	391995	00555009696	CLONAZEPAM ODT 0.5MG 10X6 BAR	0.5MG	60	4	06/09/17	2566000	1	
		00555009696 Total								0
3297000	392001	00555009796	CLONAZEPAM ODT 1MG 10X6 BAR	1MG	60	4	10/05/15	2287621	3	
3297000	392001	00555009796	CLONAZEPAM ODT 1MG 10X6 BAR	1MG	60	4	11/12/15	2303888	-3	
		00555009796 Total								0
3297000	224634	00378003001	CLONAZEPATE 3.75MG TAB MYL	3.75MG	100	4	09/10/14	2118451	1	

8 of 49

PSI 30b_503 - 017

PSI 30b_503 - 017

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

LIST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	NWDI NUMBER	QUANTITY	MARK BLANK
		00378003001 Total								0
3297000	417279	00093527701	DEXMETHYLPHENIDATE 10MG TAB TEV	10MG	100	2	03/05/14	2034918	1	134737874
3297000	417279	00093527701	DEXMETHYLPHENIDATE 10MG TAB TEV	10MG	100	2	06/27/14	2086198	1	134737901
		00093527701 Total								0
3297000	871889	10702010701	DEXMETHYLPHENIDATE 5MG TAB KVK	5MG	100	2	07/20/16	2414660	1	161253168
3297000	871889	10702010701	DEXMETHYLPHENIDATE 5MG TAB KVK	5MG	100	2	08/30/16	2432714	1	161253145
3297000	871889	10702010701	DEXMETHYLPHENIDATE 5MG TAB KVK	5MG	100	2	12/15/16	2482514	1	163460099
3297000	871889	10702010701	DEXMETHYLPHENIDATE 5MG TAB KVK	5MG	100	2	12/21/16	2485752	1	163460102
		10702010701 Total								0
3297000	864983	00781568901	DEXMETHYLPHENIDATE 5MG TAB SAN	5MG	100	2	09/25/15	2283866	1	152204398
		00781568901 Total								0
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	03/06/14	2035396	2	134737875
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	06/23/14	2084205	1	134737900
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	08/25/14	2111142	1	142019615
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	10/23/14	2137507	1	142019598
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	03/11/15	2201673	1	144795478
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	05/08/15	2228000	1	144795469
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	08/25/15	2271648	1	152204389
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	11/25/15	2309534	1	154004298
3297000	417261	00093527601	DEXMETHYLPHENIDATE 5MG TAB TEV	5MG	100	2	04/05/16	2367709	1	154004274
		00093527601 Total								0
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	05/19/15	2232365	1	144795468
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	08/04/15	2262985	1	152204424
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	09/04/15	2275795	1	152204392
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	12/11/15	2317361	1	154004300
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	03/18/16	2360743	1	154004273
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	05/10/16	2382966	1	154004278
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	07/11/16	2410279	1	161253165
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	09/13/16	2438651	1	161253134
3297000	848028	00781268301	DEXMETHYLPHENIDATE ER 10MG CAP	10MG	100	2	12/21/16	2485752	1	163460102
		00781268301 Total								0
3297000	848036	00781268501	DEXMETHYLPHENIDATE ER 20MG CAP	20MG	100	2	07/24/15	2258994	2	152204426
3297000	848036	00781268501	DEXMETHYLPHENIDATE ER 20MG CAP	20MG	100	2	09/10/15	2277558	1	152204394

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CLST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARK BLANK
		00781268501 Total								0
3297000	859652	00781268701	DESMETHYLPHENIDATE ER 30MG CAP	30MG	100	2	05/08/15	2228000	1	144795469
		00781268701 Total								0
3297000	840363	49884043001	DESMETHYLPHENIDATE ER 30MG CAP	30MG	100	2	09/04/15	2275795	1	152204392
		49884043001 Total								0
3297000	204966	00054318863	DIAZEPAM 5MG/5ML ORAL SOL ROX	5MG	500	4	06/20/17	2571076	1	
		00054318863 Total								0
3297000	543132	59011045410	DILAUDID 4MG TAB	4MG	100	2	06/19/15	2246025	1	144795501
3297000	543132	59011045410	DILAUDID 4MG TAB	4MG	100	2	07/08/15	2252723	1	152204416
3297000	543132	59011045410	DILAUDID 4MG TAB	4MG	100	2	07/20/15	2256849	1	152204419
3297000	543132	59011045410	DILAUDID 4MG TAB	4MG	100	2	08/04/15	2262985	2	152204424
		59011045410 Total								0
3297000	282426	00591074401	ESTAZOLAM 1MG TAB WAT	1MG	100	4	01/27/14	2017615	1	
		00591074401 Total								0
3297000	571372	15310001001	ESTROGEN/METHY 1.25/2.5MG CRE	DS	100	3	06/30/14	2087225	-1	
3297000	571372	15310001001	ESTROGEN/METHY 1.25/2.5MG CRE	DS	100	3	09/08/14	2117218	2	
3297000	571372	15310001001	ESTROGEN/METHY 1.25/2.5MG CRE	DS	100	3	03/30/15	2210318	-1	
		15310001001 Total								0
3297000	588202	00406900076	FENTANYL MATRIX TDS 100MCG MAL	100MCG	5	2	01/28/14	2018257	2	134737893
		00406900076 Total								0
3297000	411736	00378911998	FENTANYL MATRIX TDS 12MCG MYL	12MCG	5	2	02/09/15	2187270	2	144795484
3297000	411736	00378911998	FENTANYL MATRIX TDS 12MCG MYL	12MCG	5	2	03/09/15	2199822	2	144795489
3297000	411736	00378911998	FENTANYL MATRIX TDS 12MCG MYL	12MCG	5	2	05/01/15	2224881	2	144795472
3297000	411736	00378911998	FENTANYL MATRIX TDS 12MCG MYL	12MCG	5	2	05/27/15	2235656	2	144795466
3297000	411736	00378911998	FENTANYL MATRIX TDS 12MCG MYL	12MCG	5	2	07/31/15	2261645	2	152204422
3297000	411736	00378911998	FENTANYL MATRIX TDS 12MCG MYL	12MCG	5	2	09/04/15	2275795	3	152204392
3297000	411736	00378911998	FENTANYL MATRIX TDS 12MCG MYL	12MCG	5	2	10/20/15	2294018	2	152204405
		00378911998 Total								0
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	01/24/14	2016684	1	134737892
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	09/05/14	2116243	2	142019621
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	09/29/14	2126415	2	142019624
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	09/30/14	2127225	2	142019625
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	11/07/14	2144498	2	142019606

Prescription Supply, Inc. – Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARC BLANK
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	12/12/14	2161382	2	142019586
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	01/15/15	2176431	2	144795494
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	06/24/15	2247661	2	144795503
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	09/25/15	2283866	1	152204398
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	11/12/15	2303737	2	154004295
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	12/11/15	2317361	2	154004300
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	12/23/15	2322768	2	154004290
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	02/02/16	2340133	2	154004303
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	03/18/16	2360743	2	154004273
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	04/12/16	2370585	2	154004275
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	06/01/16	2392786	2	161253151
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	06/24/16	2403781	2	161253130
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	03/15/17	2526022	1	17X814397
3297000	566778	00781724055	FENTANYL MATRIX TDS 12MCG SAN	12MCG	5	2	06/07/17	2564546	2	17X848158
		00781724055 Total								0
3297000	588178	00406902576	FENTANYL MATRIX TDS 25MCG MAL	25MCG	5	2	04/29/14	2059973	2	134737908
3297000	588178	00406902576	FENTANYL MATRIX TDS 25MCG MAL	25MCG	5	2	05/29/14	2073165	2	134737913
3297000	588178	00406902576	FENTANYL MATRIX TDS 25MCG MAL	25MCG	5	2	03/27/15	2209270	1	144795481
3297000	588178	00406902576	FENTANYL MATRIX TDS 25MCG MAL	25MCG	5	2	03/31/15	2210580	2	144795482
3297000	588178	00406902576	FENTANYL MATRIX TDS 25MCG MAL	25MCG	5	2	06/16/15	2244264	2	144795500
3297000	588178	00406902576	FENTANYL MATRIX TDS 25MCG MAL	25MCG	5	2	05/26/16	2390741	4	161253150
3297000	588178	00406902576	FENTANYL MATRIX TDS 25MCG MAL	25MCG	5	2	12/21/16	2485752	4	163460102
		00406902576 Total								0
3297000	588186	00406905076	FENTANYL MATRIX TDS 50MCG MAL	50MCG	5	2	01/28/14	2018257	2	134737893
3297000	588186	00406905076	FENTANYL MATRIX TDS 50MCG MAL	50MCG	5	2	03/04/14	2034291	2	134787887
		00406905076 Total								0
3297000	385138	00378912398	FENTANYL MATRIX TDS 75MCG MYL	75MCG	5	2	10/30/14	2140586	2	142019596
		00378912398 Total								0
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	06/27/14	2086198	2	134737901
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	07/30/14	2099909	1	142019604
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/06/14	2103044	2	142019613
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/27/14	2112384	2	142019616
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/29/14	2113486	4	142019617

11 of 49

000026

PSI 300-503-020

Prescription Supply, Inc. – Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	ITEM UNIT	QTY	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	10/06/14	2129700	2	142019626
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	11/03/14	2142147	2	142019597
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	11/18/14	2149430	1	142019612
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	11/28/14	2153852	2	142019610
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	12/03/14	2156346	2	142019585
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	12/12/14	2161382	2	142019586
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	12/26/14	2167449	5	142019588
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	01/28/15	2182185	2	144795496
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	02/27/15	2196013	2	144795488
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	04/24/15	2221723	2	144795474
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	05/01/15	2224881	2	144795472
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	05/27/15	2235656	2	144795466
3297000	682482	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	06/11/15	2242212	1	144795504
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	06/24/15	2247661	1	144795503
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	06/26/15	2248715	2	144795502
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	07/21/15	2257477	2	152204420
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	07/28/15	2260215	2	152204425
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/18/15	2268864	2	152204387
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/21/15	2270470	4	152204388
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	09/17/15	2280375	4	152204396
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	09/30/15	2286033	2	152204399
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	10/06/15	2288293	2	152204400
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	12/03/15	2312882	2	154004299
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	12/23/15	2322768	2	154004290
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	01/11/16	2329679	1	154004293
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	01/13/16	2331053	3	154004282
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	01/15/16	2332143	3	154004284
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	01/20/16	2334280	2	154004285
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	02/18/16	2347958	2	154004307
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	03/18/16	2360743	4	154004273
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	04/05/16	2367709	4	154004274
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	05/10/16	2382966	4	154004278
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	06/24/16	2403781	4	161253130

12 of 49

0027

PSI 30b_503 - 021

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PS ITEM	NDC	ITEM DESCRIPTION	STRENGTH	UOE	CLASS	DATE	INVOICE NUMBER	QUANTITY	AMOUNT
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	07/27/16	2417559	2	161253155
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/12/16	2424725	4	161253159
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/30/16	2432714	5	161253145
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	09/09/16	2437120	1	161253147
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	09/20/16	2441823	5	161253136
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	10/12/16	2451727	3	161253140
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	10/21/16	2455816	2	163460091
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	11/09/16	2464318	4	163460094
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	11/22/16	2470671	4	163460096
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	01/11/17	2495805	4	163460111
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	01/25/17	2503007	4	163460114
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	02/16/17	2513547	4	163460120
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	02/20/17	2514952	4	163460080
3297000	682492	49884076178	FENTANYL RESEVOIR 25MCG PAR	25MCG	5	2	08/01/17	2590903	2	170714596
		49884076178 Total								0
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	01/13/14	2011067	2	134737890
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	04/15/14	2053682	2	134737906
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	06/27/14	2086198	2	134737901
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	07/25/14	2097922	2	142019603
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	09/16/14	2120978	2	142019623
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	10/13/14	2132772	2	142019592
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	11/07/14	2144498	2	142019606
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	12/08/14	2158723	2	142019591
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	01/15/15	2176431	2	144795494
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	02/09/15	2187270	2	144795484
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	03/09/15	2199822	2	144795489
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	04/06/15	2212979	2	144795483
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	05/01/15	2224881	2	144795472
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	06/02/15	2238370	2	144795498
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	11/25/15	2309534	2	154004298
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	12/11/15	2317361	2	154004300
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	01/05/16	2326918	2	154004291
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MCG	5	2	02/02/16	2340133	2	154004303

13 of 49

000028

PSI 30b_503 - 022

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CLST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CASE	DATE	INVC NUMBER	QUANTITY	JARC BLANK
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	03/18/16	2360743	2	154004273
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	04/08/16	2369278	2	154004280
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	04/22/16	2375062	1	154004276
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	05/12/16	2384071	5	154004279
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	07/27/16	2417559	2	161253155
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	08/26/16	2431216	2	161253144
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	09/13/16	2438651	1	161253134
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	10/05/16	2448758	3	161253139
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	10/21/16	2455816	3	163460091
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	11/15/16	2467198	3	163460095
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	12/16/16	2483262	2	163460100
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	12/21/16	2485752	4	163460102
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	01/30/17	2504824	4	163460116
3297000	694554	49884076278	FENTANYL RESEVOIR 50MCG PAR	50MGC	5	2	08/08/17	2594386	4	170714600
		49884076278 Total								0
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	11/03/14	2142147	2	142019597
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	01/15/15	2176431	2	144795494
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	02/03/15	2184673	2	144795497
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	03/31/15	2210580	2	144795482
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	05/01/15	2224881	2	144795472
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	05/27/15	2235656	2	144795466
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	06/26/15	2248715	2	144795502
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	06/30/15	2249790	2	152204413
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	07/28/15	2260215	2	152204425
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	08/25/15	2271648	2	152204389
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	08/28/15	2273144	2	152204390
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	09/25/15	2283866	2	152204398
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	10/22/15	2295087	2	152204406
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	11/09/15	2301973	2	152204412
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	11/25/15	2309534	2	154004298
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	02/26/16	2351793	2	154004308
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	04/05/16	2367709	2	154004274
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	05/24/16	2389415	2	161253153

14 of 49

3297000029

PSI 30b_503 - 023

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE- Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	ADC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOIC NUMBER	QUANTITY	AMOUNT
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	08/04/16	2421099	2	161253158
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	09/02/16	2434310	2	161253146
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	10/12/16	2451727	2	161253140
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	11/22/16	2470671	2	163460096
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	12/22/16	2486350	2	163460103
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	01/09/17	2494247	2	163460107
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	01/11/17	2495805	4	163460111
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	02/27/17	2518202	2	163460082
3297000	698811	49884076378	FENTANYL RESEVOIR 75MCG PAR	75MCG	5	2	08/08/17	2594386	2	170714600
		49884076378 Total								0
3297000	686139	49884076478	FENTANYL RESEVOIR 100MCG PAR	100MCG	5	2	12/16/16	2483262	2	163460100
3297000	686139	49884076478	FENTANYL RESEVOIR 100MCG PAR	100MCG	5	2	01/20/17	2500733	2	163460113
3297000	686139	49884076478	FENTANYL RESEVOIR 100MCG PAR	100MCG	5	2	01/25/17	2503007	5	163460114
3297000	686139	49884076478	FENTANYL RESEVOIR 100MCG PAR	100MCG	5	2	02/16/17	2513547	2	163460120
3297000	686139	49884076478	FENTANYL RESEVOIR 100MCG PAR	100MCG	5	2	02/27/17	2518202	4	163460082
		49884076478 Total								0
3297000	389510	00078043105	FOCALIN XR 10MG CAP	10MG	100	2	03/04/14	2034291	1	134787887
3297000	389510	00078043105	FOCALIN XR 10MG CAP	10MG	100	2	04/29/14	2059973	1	134737908
3297000	389510	00078043105	FOCALIN XR 10MG CAP	10MG	100	2	07/09/14	2090817	1	142019600
3297000	389510	00078043105	FOCALIN XR 10MG CAP	10MG	100	2	11/03/14	2142147	1	142019597
3297000	389510	00078043105	FOCALIN XR 10MG CAP	10MG	100	2	02/18/15	2191601	1	144795486
		00078043105 Total								0
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	01/24/14	2016684	1	134737892
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	01/28/14	2018257	1	134737893
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	03/04/14	2034291	1	134787887
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	04/03/14	2048423	1	134737905
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	04/29/14	2059973	1	134737908
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	05/29/14	2073165	2	134737913
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	07/09/14	2090817	1	142019600
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	07/30/14	2099909	1	142019604
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	08/25/14	2111142	1	142019615
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	09/29/14	2126415	1	142019624
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	10/23/14	2137507	1	142019598

15 of 49

00030

PSI 30b_503 - 024

Prescription Supply, Inc. – Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	WVWDFE NUMBER	QUANTITY	BAR CODE
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	12/08/14	2158723	2	142019591
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	01/07/15	2172654	1	144795492
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	03/11/15	2201673	1	144795478
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	04/06/15	2212979	1	144795483
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	05/13/15	2229970	1	144795465
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	07/08/15	2252723	2	152204416
3297000	389528	00078043205	FOCALIN XR 20MG CAP	20MG	100	2	09/25/15	2284157	-2	151263541
		00078043205 Total								0
3297000	567172	00078043305	FOCALIN XR 30MG CAP	30MG	100	2	02/26/14	2031466	1	134737885
3297000	567172	00078043305	FOCALIN XR 30MG CAP	30MG	100	2	08/25/14	2111142	1	142019615
3297000	567172	00078043305	FOCALIN XR 30MG CAP	30MG	100	2	01/28/15	2182185	1	144795496
		00078043305 Total								0
3297000	389502	00078043005	FOCALIN XR 5MG CAP	5MG	100	2	03/26/14	2044897	1	134737880
		00078043005 Total								0
3297000	697219	00121077516	GUAIFENESIN/COD SYR (AF) PAI		473	5	01/09/14	2009448	3	
3297000	697219	00121077516	GUAIFENESIN/COD SYR (AF) PAI		473	5	04/08/15	2214242	4	
		00121077516 Total								0
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	10/16/14	2134403	4	142019594
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	11/28/14	2153852	4	142019610
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	04/06/15	2212979	2	144795483
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	04/22/15	2220590	5	144795471
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	05/06/15	2227036	4	144795464
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	06/02/15	2238370	5	144795498
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	06/11/15	2242212	4	144795504
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	07/22/15	2257908	7	152204421
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	09/04/15	2275795	7	152204392
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	10/06/15	2288293	3	152204400
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	10/12/15	2290631	4	152204402
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	11/09/15	2301973	5	152204412
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	11/13/15	2304229	4	154004296
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	12/11/15	2317361	8	154004300
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	01/11/16	2329679	6	154004293
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	02/26/16	2351793	7	154004308

16 of 49

PSI 300-503-025

PSI 300-503-025

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CLST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	ST	CLAS	DATE	INVO NUMBER	QUANTITY	PRICE
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	03/18/16	2360743	6	154004273
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	04/12/16	2370585	6	154004275
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	05/02/16	2379025	5	154004277
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	06/15/16	2399318	7	161253128
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	07/20/16	2414660	5	161253168
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	08/01/16	2419247	5	161253157
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	08/30/16	2432714	4	161253145
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	09/26/16	2444222	4	161253137
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	10/12/16	2451727	5	161253140
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	11/09/16	2464318	5	163460094
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	12/12/16	2480228	7	163460098
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	01/09/17	2494247	4	163460107
3297000	426049	53746011001	HYDROCODONE/APAP 10/325MG AMN	10/325	100	2	02/08/17	2509720	7	163460118
		53746011001 Total								0
3297000	676403	13107002101	HYDROCODONE/APAP 10/325MG AUR	10/325	100	2	12/16/14	2163330	4	142019587
3297000	676403	13107002101	HYDROCODONE/APAP 10/325MG AUR	10/325	100	2	01/15/15	2176431	6	144795494
3297000	676403	13107002101	HYDROCODONE/APAP 10/325MG AUR	10/325	100	2	02/04/16	2341368	4	154004304
3297000	676403	13107002101	HYDROCODONE/APAP 10/325MG AUR	10/325	100	2	08/01/17	2590903	9	170714596
		13107002101 Total								0
3297000	672972	57664017688	HYDROCODONE/APAP 10/325MG SUN	10/325	100	2	11/12/14	2146523	5	142019607
3297000	672972	57664017688	HYDROCODONE/APAP 10/325MG SUN	10/325	100	2	03/03/15	2197529	10	144795490
		57664017688 Total								0
3297000	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	05/28/14	2072636	1	
		64376064801 Total								0
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/16/14	2134403	6	142019594
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/23/14	2137507	6	142019598
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/30/14	2140586	7	142019596
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	11/07/14	2144498	6	142019606
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	11/18/14	2149430	10	142019612
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	11/28/14	2153852	7	142019610
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	12/03/14	2156346	4	142019585
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	02/03/15	2184673	7	144795497
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	02/09/15	2187270	6	144795484

17 of 49

000032

PSI 30b_503 - 026

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	PRICE/UNIT
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	03/11/15	2201673	3	144795478
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	03/18/15	2204886	7	144795479
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	04/06/15	2212979	6	144795483
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	04/10/15	2215275	5	144795476
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	04/22/15	2220590	6	144795471
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	05/01/15	2224881	5	144795472
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	05/06/15	2227036	5	144795464
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	05/13/15	2229970	5	144795465
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	06/02/15	2238370	5	144795498
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	06/08/15	2240651	7	144795499
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	06/16/15	2244264	6	144795500
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	06/30/15	2249790	2	152204413
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	07/02/15	2251184	2	152204414
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	07/07/15	2252159	8	152204415
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	07/08/15	2252723	5	152204416
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	07/22/15	2257908	4	152204421
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	07/31/15	2261645	6	152204422
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	08/07/15	2264662	7	152204385
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	08/18/15	2268864	6	152204387
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	08/28/15	2273144	5	152204390
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	09/10/15	2277558	10	152204394
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	09/30/15	2286033	2	152204399
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/06/15	2288293	6	152204400
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/12/15	2290631	5	152204402
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/20/15	2294018	4	152204405
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/27/15	2296766	5	152204409
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	11/05/15	2300607	8	152204410
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	11/25/15	2309534	10	154004298
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	12/03/15	2312882	5	154004299
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	12/11/15	2317361	4	154004300
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	12/23/15	2322768	6	154004290
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	01/05/16	2326918	8	154004291
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	01/13/16	2331053	3	154004282

18 of 49

PSI 300-503

PSI 300_503 - 027

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NOC	ITEM DESCRIPTION	STRENGTH	QTY	CLASS	DATE	INVOICE NUMBER	QUANTITY	INVOICE NUMBER
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	02/02/16	2340133	8	154004303
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	02/10/16	2344131	5	154004305
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	02/26/16	2351793	4	154004308
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	03/04/16	2354604	6	154004267
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	03/18/16	2360743	6	154004273
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	03/29/16	2364610	4	154004270
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	04/01/16	2366372	4	154004272
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	04/08/16	2369278	6	154004280
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	04/22/16	2375062	7	154004276
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	05/02/16	2379025	5	154004277
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	05/10/16	2382966	4	154004278
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	05/17/16	2386277	3	161253148
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	06/01/16	2392786	10	161253151
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	06/15/16	2399318	8	161253128
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	07/11/16	2410279	6	161253165
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	07/27/16	2417559	6	161253155
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	08/04/16	2421099	5	161253158
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	08/12/16	2424725	6	161253159
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	08/18/16	2427434	4	161253141
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	08/30/16	2432714	5	161253145
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	09/09/16	2437120	7	161253147
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	09/20/16	2441823	8	161253136
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/05/16	2448758	8	161253139
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	10/21/16	2455816	10	163460091
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	11/04/16	2462307	7	163460093
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	11/22/16	2470671	8	163460096
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	12/12/16	2480228	8	163460098
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	12/21/16	2485752	5	163460102
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	12/28/16	2488734	4	163460104
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	01/09/17	2494247	4	163460107
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	02/08/17	2509720	5	163460118
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	02/20/17	2514952	4	163460080
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	03/02/17	2519953	5	163460083

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CLST NUMBER	PSI/ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARC/BLANK
3297000	426171	53746010901	HYDROCODONE/APAP 5/325MG AMN	5/325	100	2	03/08/17	2522898	7	17X811570
		53746010901 Total								0
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	12/12/14	2161382	6	142019586
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	12/16/14	2163330	5	142019587
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	12/26/14	2167449	6	142019588
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	01/07/15	2172654	8	144795492
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	01/15/15	2176431	7	144795494
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	01/25/17	2503007	6	163460114
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	03/30/17	2533019	2	17X820453
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	08/01/17	2590903	4	170714596
3297000	676429	13107001901	HYDROCODONE/APAP 5/325MG AUR	5/325	100	2	08/08/17	2594387	4	170714601
		13107001901 Total								0
3297000	852624	00406012301	HYDROCODONE/APAP 5/325MG MAL	5/325	100	2	11/19/15	2306888	5	154004297
		00406012301 Total								0
3297000	672998	57664012688	HYDROCODONE/APAP 5/325MG SUN	5/325	100	2	02/18/15	2191601	5	144795486
3297000	672998	57664012688	HYDROCODONE/APAP 5/325MG SUN	5/325	100	2	02/27/15	2196013	5	144795488
		57664012688 Total								0
3297000	676478	64376064901	HYDROCODONE/APAP 7.5/300MG QT	10/300	100	2	01/15/16	2332143	1	154004284
		64376064901 Total								0
3297000	358895	00406036601	HYDROCODONE/APAP 7.5/325 MAL	7.5	100	2	05/30/14	2073935	4	
		00406036601 Total								0
3297000	389478	00603389121	HYDROCODONE/APAP 7.5/325MG QT	7.5MG	100	2	11/07/14	2144498	5	142019606
3297000	389478	00603389121	HYDROCODONE/APAP 7.5/325MG QT	7.5MG	100	2	09/13/16	2438651	3	161253134
		00603389121 Total								0
3297000	912568	65162011510	HYDROCODONE/APAP 7.5/325MG AMN	7.5325	100	2	10/12/16	2451727	4	161253140
3297000	912568	65162011510	HYDROCODONE/APAP 7.5/325MG AMN	7.5325	100	2	11/04/16	2462307	3	163460093
3297000	912568	65162011510	HYDROCODONE/APAP 7.5/325MG AMN	7.5325	100	2	11/30/16	2474359	5	163460097
3297000	912568	65162011510	HYDROCODONE/APAP 7.5/325MG AMN	7.5325	100	2	03/02/17	2519953	3	163460083
		65162011510 Total								0
3297000	676445	13107002001	HYDROCODONE/APAP 7.5/325MG AUR	7.5325	100	2	11/21/14	2151115	2	142019608
3297000	676445	13107002001	HYDROCODONE/APAP 7.5/325MG AUR	7.5325	100	2	12/12/14	2161382	4	142019586
3297000	676445	13107002001	HYDROCODONE/APAP 7.5/325MG AUR	7.5325	100	2	12/26/14	2167449	4	142019588
3297000	676445	13107002001	HYDROCODONE/APAP 7.5/325MG AUR	7.5325	100	2	04/06/15	2212979	6	144795483

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	FS ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NAIC BLANK
3297000	676445	13107002001	HYDROCODONE/APAP 7.5/325MG AUR	7.5325	100	2	08/12/16	2424725	3	161253159
3297000	676445	13107002001	HYDROCODONE/APAP 7.5/325MG AUR	7.5325	100	2	01/09/17	2494247	4	163460107
		13107002001 Total								0
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	11/28/14	2153852	5	142019610
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	02/03/15	2184673	8	144795497
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	03/03/15	2197529	10	144795490
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	05/06/15	2227036	4	144795464
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	06/08/15	2240651	3	144795499
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	07/02/15	2251184	1	152204414
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	07/07/15	2252159	3	152204415
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	07/08/15	2252723	2	152204416
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	07/22/15	2257908	2	152204421
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	08/07/15	2264662	2	152204385
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	08/25/15	2271648	3	152204389
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	09/04/15	2275795	3	152204392
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	09/17/15	2280375	3	152204396
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	09/30/15	2286033	3	152204399
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	10/20/15	2294018	3	152204405
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	11/09/15	2301973	2	152204412
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	11/13/15	2304229	2	154004296
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	12/11/15	2317361	3	154004300
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	12/16/15	2319536	2	154004289
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	12/23/15	2322768	2	154004290
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	01/11/16	2329679	2	154004293
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	01/15/16	2332143	1	154004284
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	02/02/16	2340133	2	154004303
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	02/18/16	2347958	4	154004307
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	03/29/16	2364610	3	154004270
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	05/02/16	2379025	4	154004277
3297000	673012	57664017088	HYDROCODONE/APAP 7.5/325MG SUN	7.5325	100	2	06/15/16	2399318	3	161253128
		57664017088 Total								0
3297000	841023	64376064040	HYDROCODONE/APAP 7.5/325 OS QT	7.5325	118	2	07/20/16	2414660	8	161253168
		64376064040 Total								0

21 of 49

P10000036

PSI 30b_503 - 030

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARK BLANK
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	06/24/16	2403781	2	161253130
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	06/28/16	2405230	3	161253133
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	07/14/16	2412163	1	161253167
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	07/27/16	2417559	2	161253155
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	08/18/16	2427434	2	161253141
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	09/09/16	2437120	1	161253147
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	10/14/16	2452731	1	163460087
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	10/26/16	2457749	1	163460092
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	11/04/16	2462307	1	163460093
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	11/15/16	2467198	1	163460095
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	11/22/16	2470671	5	163460096
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	12/30/16	2490004	1	163460106
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	01/10/17	2495007	3	163460110
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	02/10/17	2510760	4	163460119
3297000	841031	64376064016	HYDROCODONE/APAP7.5/325 OS QT	7.5325	473	2	03/15/17	2526022	4	17X814397
		64376064016 Total								0
3297000	535971	50383004316	HYDROCODONE/BIT/HOMA SYRUP HT		473	2	12/08/14	2158673	1	142019585
3297000	535971	50383004316	HYDROCODONE/BIT/HOMA SYRUP HT		473	2	03/09/15	2199822	1	144795489
3297000	535971	50383004316	HYDROCODONE/BIT/HOMA SYRUP HT		473	2	06/01/16	2392786	1	161253151
		50383004316 Total								0
3297000	676205	53746014601	HYDROCODONE/IBU 5/200MG AMN	5/200	100	2	04/05/16	2367709	2	154004274
		53746014601 Total								0
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	11/07/14	2144498	2	142019606
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	12/26/14	2167449	3	142019588
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	02/09/15	2187270	3	144795484
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	03/09/15	2199822	2	144795489
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	04/06/15	2212979	2	144795483
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	07/08/15	2252723	3	152204416
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	09/17/15	2280375	3	152204396
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	11/25/15	2309534	3	154004298
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	01/11/16	2329679	1	154004293
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	01/21/16	2334814	3	154004287
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	02/26/16	2351793	1	154004308

22 of 49

PSI 306_503 - 037

PSI 306_503 - 031

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	WDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC PLAN#
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	03/29/16	2364610	3	154004270
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	04/22/16	2375062	2	154004276
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	05/24/16	2389415	2	161253153
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	06/24/16	2403781	3	161253130
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	09/26/16	2444222	1	161253137
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	10/26/16	2457749	2	163460092
3297000	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5200	100	2	11/30/16	2474359	4	163460097
		53746014501 Total								0
3297000	639013	62175049064	HYDROCODONE/POL/CHL ER SUSP KU		115	2	11/12/14	2146523	2	142019607
3297000	639013	62175049064	HYDROCODONE/POL/CHL ER SUSP KU		115	2	01/07/15	2172654	2	144795492
3297000	639013	62175049064	HYDROCODONE/POL/CHL ER SUSP KU		115	2	06/16/15	2244264	2	144795500
3297000	639013	62175049064	HYDROCODONE/POL/CHL ER SUSP KU		115	2	03/29/16	2364610	1	154004270
3297000	639013	62175049064	HYDROCODONE/POL/CHL ER SUSP KU		115	2	06/23/16	2403116	1	161253129
3297000	639013	62175049064	HYDROCODONE/POL/CHL ER SUSP KU		115	2	11/15/16	2467198	2	163460095
3297000	639013	62175049064	HYDROCODONE/POL/CHL ER SUSP KU		115	2	03/02/17	2519953	2	163460083
		62175049064 Total								0
3297000	581660	00527135301	HYDROMORPHONE 2MG TAB LAN	2MG	100	2	06/13/14	2080436	1	134737898
3297000	581660	00527135301	HYDROMORPHONE 2MG TAB LAN	2MG	100	2	10/06/14	2129700	1	142019626
3297000	581660	00527135301	HYDROMORPHONE 2MG TAB LAN	2MG	100	2	12/16/14	2163330	3	142019587
3297000	581660	00527135301	HYDROMORPHONE 2MG TAB LAN	2MG	100	2	01/07/16	2328212	2	154004294
3297000	581660	00527135301	HYDROMORPHONE 2MG TAB LAN	2MG	100	2	01/20/16	2334280	3	154004285
		00527135301 Total								0
3297000	541714	00641012125	HYDROMORPHONE 2MG/ML SDV BAX	2MG	25X1	2	01/21/16	2334814	1	154004287
		00641012125 Total								0
3297000	275636	00054026525	HYDROMORPHONE 8MG TAB ROX	8MG	100	2	08/07/15	2264662	1	152204385
3297000	275636	00054026525	HYDROMORPHONE 8MG TAB ROX	8MG	100	2	12/16/16	2483262	1	163460100
3297000	275636	00054026525	HYDROMORPHONE 8MG TAB ROX	8MG	100	2	01/20/17	2500733	2	163460113
3297000	275636	00054026525	HYDROMORPHONE 8MG TAB ROX	8MG	100	2	02/17/17	2514210	2	163460121
3297000	275636	00054026525	HYDROMORPHONE 8MG TAB ROX	8MG	100	2	03/02/17	2519953	3	163460083
		00054026525 Total								0
3297000	589317	44183044001	ISO/DICH/APAP 65/100/325MG MC	65100	100	4	03/21/14	2042548	1	
3297000	589317	44183044001	ISO/DICH/APAP 65/100/325MG MC	65100	100	4	07/29/15	2260813	1	
		44183044001 Total								0

Prescription Supply, Inc. – Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

QTY NUMBER	RSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC PLANK
3297000	163238	00025006131	LOMOTIL 2.5MG TAB	2.5MG	100	5	08/04/15	2263056	1	
		00025006131 Total								0
3297000	408005	00591024010	LORAZEPAM 0.5MG TAB WAT	0.5MG	1000	4	08/13/14	2105999	1	
3297000	408005	00591024010	LORAZEPAM 0.5MG TAB WAT	0.5MG	1000	4	06/28/16	2405136	1	
3297000	408005	00591024010	LORAZEPAM 0.5MG TAB WAT	0.5MG	1000	4	06/20/17	2571080	1	
		00591024010 Total								0
3297000	286575	00591024005	LORAZEPAM 0.5MG TAB WAT	0.5MG	500	4	01/09/15	2173884	1	
3297000	286575	00591024005	LORAZEPAM 0.5MG TAB WAT	0.5MG	500	4	03/02/15	2197017	1	
		00591024005 Total								0
3297000	286591	00591024110	LORAZEPAM 1MG TAB WAT	1MG	1000	4	02/05/16	2342052	1	
		00591024110 Total								0
3297000	165811	00591024201	LORAZEPAM 2MG TAB WAT	2MG	100	4	05/31/16	2392127	2	
		00591024201 Total								0
3297000	664250	00641604425	LORAZEPAM 2MG/ML SDV WW	2MG/ML	25X1	4	01/21/16	2334847	4	
		00641604425 Total								0
3297000	391482	00071101768	LYRICA 200MG CAP	200MG	90	5	09/12/16	2438078	1	
		00071101768 Total								0
3297000	391508	00071101868	LYRICA 300MG CAP	300MG	90	5	01/27/16	2337486	1	
		00071101868 Total								0
3297000	391441	00071101368	LYRICA 50MG CAP	50MG	90	5	12/07/16	2478120	1	
		00071101368 Total								0
3297000	672782	00228305911	M.AMPHETAMINE SALT 10MG CAPACT	10MG	100	2	11/28/14	2153852	1	142019610
3297000	672782	00228305911	M.AMPHETAMINE SALT 10MG CAPACT	10MG	100	2	02/09/15	2187270	1	144795484
3297000	672782	00228305911	M.AMPHETAMINE SALT 10MG CAPACT	10MG	100	2	08/21/15	2270470	1	152204388
		00228305911 Total								0
3297000	672790	00228306311	M.AMPHETAMINE SALT 15MG CAPACT	15MG	100	2	10/16/14	2134403	1	142019594
3297000	672790	00228306311	M.AMPHETAMINE SALT 15MG CAPACT	15MG	100	2	11/28/14	2153852	1	142019610
3297000	672790	00228306311	M.AMPHETAMINE SALT 15MG CAPACT	15MG	100	2	02/18/15	2191601	1	144795486
3297000	672790	00228306311	M.AMPHETAMINE SALT 15MG CAPACT	15MG	100	2	04/10/15	2215275	1	144795476
		00228306311 Total								0
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	01/14/14	2011742	1	134737891
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	02/06/14	2022272	1	134737894
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	08/27/14	2112384	1	142019616

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PS ITEM	NDC	ITEM DESCRIPTION	QTY (NO.)	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARC BLANK
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	10/13/14	2132772	1	142019592
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	11/21/14	2151115	1	142019608
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	11/28/14	2153852	1	142019610
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	02/03/15	2184673	1	144795497
3297000	672808	00228306011	M.AMPHETAMINE SALT 20MG CAPACT	20MG	100	2	04/10/15	2215275	1	144795476
		00228306011 Total								0
3297000	672816	00228306411	M.AMPHETAMINE SALT 25MG CAPACT	25MG	100	2	02/26/14	2031466	1	134737885
3297000	672816	00228306411	M.AMPHETAMINE SALT 25MG CAPACT	25MG	100	2	11/28/14	2153852	1	142019610
3297000	672816	00228306411	M.AMPHETAMINE SALT 25MG CAPACT	25MG	100	2	02/09/15	2187270	1	144795484
3297000	672816	00228306411	M.AMPHETAMINE SALT 25MG CAPACT	25MG	100	2	04/10/15	2215275	1	144795476
		00228306411 Total								0
3297000	672824	00228306111	M.AMPHETAMINE SALT 30MG CAPACT	30MG	100	2	02/06/14	2022272	1	134737894
3297000	672824	00228306111	M.AMPHETAMINE SALT 30MG CAPACT	30MG	100	2	10/23/14	2137507	1	142019598
3297000	672824	00228306111	M.AMPHETAMINE SALT 30MG CAPACT	30MG	100	2	01/07/15	2172654	1	144795492
3297000	672824	00228306111	M.AMPHETAMINE SALT 30MG CAPACT	30MG	100	2	01/28/15	2182185	1	144795496
3297000	672824	00228306111	M.AMPHETAMINE SALT 30MG CAPACT	30MG	100	2	02/18/15	2191601	1	144795486
		00228306111 Total								0
3297000	672832	00228306211	M.AMPHETAMINE SALT 5MG CAP ACT	5MG	100	2	12/26/14	2167449	1	142019588
3297000	672832	00228306211	M.AMPHETAMINE SALT 5MG CAP ACT	5MG	100	2	03/23/15	2206867	1	144795480
		00228306211 Total								0
3297000	399949	53014058007	METADATE CD 20MG CAP	20MG	100	2	04/08/16	2369278	1	154004280
		53014058007 Total								0
3297000	681296	67877011601	METHADONE 10MG TAB ASC	10MG	100	2	05/02/16	2379025	1	154004277
3297000	681296	67877011601	METHADONE 10MG TAB ASC	10MG	100	2	08/30/16	2432714	1	161253145
3297000	681296	67877011601	METHADONE 10MG TAB ASC	10MG	100	2	10/26/16	2457749	1	163460092
3297000	681296	67877011601	METHADONE 10MG TAB ASC	10MG	100	2	01/30/17	2504824	1	163460116
		67877011601 Total								0
3297000	154393	00054457125	METHADONE 10MG TAB ROX	10MG	100	2	02/10/14	2023653	1	134737881
3297000	154393	00054457125	METHADONE 10MG TAB ROX	10MG	100	2	08/25/14	2111142	1	142019615
3297000	154393	00054457125	METHADONE 10MG TAB ROX	10MG	100	2	08/01/17	2590903	1	170714596
		00054457125 Total								0
3297000	593020	00406114401	METHYLPHENIDATE 10MG TAB MAL	10MG	100	2	05/29/14	2073165	1	134737913
3297000	593020	00406114401	METHYLPHENIDATE 10MG TAB MAL	10MG	100	2	07/09/14	2090817	1	142019600

25 of 49

PSI 30b_503 - 034

PSI 30b_503 - 034

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	593020	00406114401	METHYLPHENIDATE 10MG TAB MAL	10MG	100	2	01/25/17	2503007	1	163460114
		00406114401 Total								0
3297000	861690	65580053001	METHYLPHENIDATE 10MG TAB UPS	10MG	100	2	09/17/15	2280375	2	152204396
3297000	861690	65580053001	METHYLPHENIDATE 10MG TAB UPS	10MG	100	2	07/11/16	2410279	1	161253165
		65580053001 Total								0
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	01/13/14	2011067	3	134737890
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	06/10/14	2078597	1	134737897
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	08/12/14	2105417	1	142019619
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	09/16/14	2120978	1	142019623
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	10/06/14	2129700	4	142019626
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	10/13/14	2132772	2	142019592
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	10/16/14	2134403	2	142019594
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	11/12/14	2146523	2	142019607
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	06/26/15	2248715	1	144795502
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	07/31/15	2261645	1	152204422
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	09/04/15	2275796	1	152204393
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	04/08/16	2369278	1	154004280
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	04/12/16	2370585	1	154004275
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	05/10/16	2382966	2	154004278
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	08/15/16	2425451	2	161253619
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	09/13/16	2438651	1	161253134
3297000	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	10/18/16	2454139	2	163460090
		00781574901 Total								0
3297000	465955	00781574801	METHYLPHENIDATE 5MG TAB DISC	5MG	100	2	02/06/14	2022272	1	134737894
3297000	465955	00781574801	METHYLPHENIDATE 5MG TAB DISC	5MG	100	2	11/03/14	2142147	1	142019597
3297000	465955	00781574801	METHYLPHENIDATE 5MG TAB DISC	5MG	100	2	02/18/16	2347958	1	154004307
		00781574801 Total								0
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	02/26/14	2031466	1	134737885
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	05/12/14	2065487	1	134737911
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	09/16/14	2120978	1	142019623
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	10/23/14	2137507	1	142019598
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	12/08/14	2158723	1	142019591
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	01/07/15	2172654	1	144795492

26 of 49

PSI 30b_503 - 035

PSI 30b_503 - 035

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

LIST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVO NUMBER	QUANTITY	WALGREEN
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	05/01/15	2224881	1	144795472
3297000	590133	00591271501	METHYLPHENIDATE ER 18MG TB WAT	18MG	100	2	08/14/15	2267525	1	152204386
		00591271501 Total								0
3297000	413245	00781236201	METHYLPHENIDATE ER 20MG CP SAN	20MG	100	2	02/17/14	2026935	1	134737882
		00781236201 Total								0
3297000	867200	62175031137	METHYLPHENIDATE ER 27MG TAB KU	27MG	100	2	10/20/15	2294018	1	152204405
3297000	867200	62175031137	METHYLPHENIDATE ER 27MG TAB KU	27MG	100	2	01/05/16	2326918	1	154004291
3297000	867200	62175031137	METHYLPHENIDATE ER 27MG TAB KU	27MG	100	2	08/04/16	2421099	1	161253158
3297000	867200	62175031137	METHYLPHENIDATE ER 27MG TAB KU	27MG	100	2	02/20/17	2514952	1	163460080
		62175031137 Total								0
3297000	682716	00406012701	METHYLPHENIDATE ER 27MG TB MAL	27MG	100	2	04/29/14	2059973	1	134737908
3297000	682716	00406012701	METHYLPHENIDATE ER 27MG TB MAL	27MG	100	2	04/22/15	2220590	1	144795471
3297000	682716	00406012701	METHYLPHENIDATE ER 27MG TB MAL	27MG	100	2	03/04/16	2354604	1	154004267
3297000	682716	00406012701	METHYLPHENIDATE ER 27MG TB MAL	27MG	100	2	04/12/16	2370585	1	154004275
3297000	682716	00406012701	METHYLPHENIDATE ER 27MG TB MAL	27MG	100	2	05/10/16	2382966	1	154004278
3297000	682716	00406012701	METHYLPHENIDATE ER 27MG TB MAL	27MG	100	2	07/05/16	2407759	1	161253163
3297000	682716	00406012701	METHYLPHENIDATE ER 27MG TB MAL	27MG	100	2	01/09/17	2494247	1	163460107
		00406012701 Total								0
3297000	595488	67767020101	METHYLPHENIDATE ER 30MG CP ACT	30MG	100	2	03/17/14	2040094	1	134767876
3297000	595488	67767020101	METHYLPHENIDATE ER 30MG CP ACT	30MG	100	2	06/10/14	2078597	1	134737897
3297000	595488	67767020101	METHYLPHENIDATE ER 30MG CP ACT	30MG	100	2	10/13/14	2132772	1	142019592
3297000	595488	67767020101	METHYLPHENIDATE ER 30MG CP ACT	30MG	100	2	03/09/15	2199822	1	144795489
3297000	595488	67767020101	METHYLPHENIDATE ER 30MG CP ACT	30MG	100	2	06/24/15	2247661	1	144795503
3297000	595488	67767020101	METHYLPHENIDATE ER 30MG CP ACT	30MG	100	2	11/10/15	2302515	1	152204411
		67767020101 Total								0
3297000	867218	62175031237	METHYLPHENIDATE ER 36MG TAB KU	36MG	100	2	12/14/15	2318129	1	154004238
3297000	867218	62175031237	METHYLPHENIDATE ER 36MG TAB KU	36MG	100	2	02/10/16	2344131	1	154004305
		62175031237 Total								0
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	02/06/14	2022272	1	134737894
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	02/26/14	2031466	1	134737885
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	03/19/14	2041326	1	134737878
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	04/18/14	2055298	1	134737907
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	04/29/14	2059973	1	134737908

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CLIST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	HARC BLANK
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	05/29/14	2073165	1	134737913
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	06/23/14	2084205	1	134737900
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	07/25/14	2097922	1	142019603
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	08/29/14	2113486	1	142019617
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	10/13/14	2132772	1	142019592
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	10/30/14	2140586	1	142019596
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	02/03/15	2184673	1	144795497
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	03/23/15	2206867	1	144795480
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	06/16/15	2244264	1	144795500
3297000	682724	00406013601	METHYLPHENIDATE ER 36MG TB MAL	36MG	100	2	07/28/15	2260215	1	152204425
		00406013601 Total								0
3297000	595496	67767020201	METHYLPHENIDATE ER 40MG CP ACT	40MG	100	2	11/25/15	2309534	1	154004298
		67767020201 Total								0
3297000	867226	62175031337	METHYLPHENIDATE ER 54MG TAB KU	54MG	100	2	09/25/15	2283866	1	152204398
3297000	867226	62175031337	METHYLPHENIDATE ER 54MG TAB KU	54MG	100	2	04/22/16	2375062	1	154004276
3297000	867226	62175031337	METHYLPHENIDATE ER 54MG TAB KU	54MG	100	2	07/11/16	2410279	1	161253165
3297000	867226	62175031337	METHYLPHENIDATE ER 54MG TAB KU	54MG	100	2	09/20/16	2441823	1	161253136
3297000	867226	62175031337	METHYLPHENIDATE ER 54MG TAB KU	54MG	100	2	03/02/17	2519953	1	163460083
3297000	867226	62175031337	METHYLPHENIDATE ER 54MG TAB KU	54MG	100	2	05/16/17	2554360	1	17X839754
		62175031337 Total								0
3297000	682732	00406015401	METHYLPHENIDATE ER 54MG TB MAL	54MG	100	2	01/13/14	2011067	1	134737890
3297000	682732	00406015401	METHYLPHENIDATE ER 54MG TB MAL	54MG	100	2	05/12/14	2065487	1	134737911
3297000	682732	00406015401	METHYLPHENIDATE ER 54MG TB MAL	54MG	100	2	05/19/14	2068648	1	134737912
3297000	682732	00406015401	METHYLPHENIDATE ER 54MG TB MAL	54MG	100	2	07/16/14	2093878	1	142019602
3297000	682732	00406015401	METHYLPHENIDATE ER 54MG TB MAL	54MG	100	2	09/16/14	2120978	1	142019623
3297000	682732	00406015401	METHYLPHENIDATE ER 54MG TB MAL	54MG	100	2	10/13/14	2132772	1	142019592
3297000	682732	00406015401	METHYLPHENIDATE ER 54MG TB MAL	54MG	100	2	01/11/17	2495805	1	163460111
		00406015401 Total								0
3297000	693226	00093529501	METHYLPHENIDATE ER10MGCAP(CD)	10MG	100	2	09/03/14	2115155	1	142019618
3297000	693226	00093529501	METHYLPHENIDATE ER10MGCAP(CD)	10MG	100	2	01/05/16	2326909	1	154004292
3297000	693226	00093529501	METHYLPHENIDATE ER10MGCAP(CD)	10MG	100	2	02/10/16	2344131	1	154004305
3297000	693226	00093529501	METHYLPHENIDATE ER10MGCAP(CD)	10MG	100	2	08/01/16	2419247	1	161253157
		00093529501 Total								0

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARK BLANK
3297000	693234	00093529601	METHYLPHENIDATE ER20MGCAP(CD)	20MG	100	2	05/08/14	2064092	1	134737915
3297000	693234	00093529601	METHYLPHENIDATE ER20MGCAP(CD)	20MG	100	2	10/23/14	2137507	1	142019598
3297000	693234	00093529601	METHYLPHENIDATE ER20MGCAP(CD)	20MG	100	2	02/04/16	2341368	1	154004304
3297000	693234	00093529601	METHYLPHENIDATE ER20MGCAP(CD)	20MG	100	2	06/10/16	2397425	-1	160755081
		00093529601 Total								0
3297000	681676	00603466116	MODAFINIL 100MG TAB QT	100MG	30	4	06/17/14	2081916	1	
		00603466116 Total								0
3297000	685396	00603466102	MODAFINIL 100MG TAB QT	100MG	90	4	03/14/16	2358458	1	
3297000	685396	00603466102	MODAFINIL 100MG TAB QT	100MG	90	4	03/29/16	2364665	4	
		00603466102 Total								0
3297000	872309	00591349901	MODAFINIL 100MG TAB ACT	100MG	100	4	07/20/17	2585596	2	
		00591349901 Total								0
3297000	681684	00603466216	MODAFINIL 200MG TAB QT	200MG	30	4	06/02/14	2074730	1	
		00603466216 Total								0
3297000	559542	00406800330	MORPHINE 20MG/ML O SOL MAL NRD	20MG	30	2	09/05/14	2116243	1	142019621
		00406800330 Total								0
3297000	570341	00527142562	MORPHINE 20MG/ML ORAL SOL LAN	20MG	120	2	07/21/15	2257477	1	152204420
		00527142562 Total								0
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	12/08/14	2158723	1	142019591
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	09/17/15	2280375	1	152204396
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	12/03/15	2312882	1	154004299
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	01/05/16	2326918	1	154004291
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	01/15/16	2332143	1	154004284
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	03/18/16	2360743	1	154004273
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	05/12/16	2384071	1	154004279
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	06/23/16	2403116	1	161253129
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	07/27/16	2417559	1	161253155
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	08/12/16	2424725	1	161253159
3297000	570333	00527142536	MORPHINE 20MG/ML ORAL SOL LAN	20MG	30	2	01/20/17	2500733	1	163460113
		00527142536 Total								0
3297000	559534	00406800315	MORPHINE 20MG/ML ORAL SOL MAL	20MG	15	2	01/24/14	2016684	1	134737892
3297000	559534	00406800315	MORPHINE 20MG/ML ORAL SOL MAL	20MG	15	2	03/31/14	2046762	2	134737903
3297000	559534	00406800315	MORPHINE 20MG/ML ORAL SOL MAL	20MG	15	2	12/16/14	2163330	2	142019587

29 of 49

000044

PSI 30b_503 - 038

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

LIST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVO. NUMBER	QUANTITY	MARK BLANK
		00406800315 Total								0
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	02/06/14	2022272	1	134737894
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	03/31/14	2046762	1	134737903
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	05/02/14	2061524	2	134737909
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	06/10/14	2078597	1	134737897
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	06/23/14	2084205	1	134737900
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	07/09/14	2090817	1	142019600
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	07/30/14	2099909	2	142019604
3297000	583070	00054040444	MORPHINE 20MG/ML ORAL SOL ROX	20MG	30	2	09/16/14	2120978	1	142019623
		00054040444 Total								0
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	01/28/14	2018257	1	134737893
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	03/04/14	2034291	1	134787887
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	03/26/14	2044897	1	134737880
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	04/18/14	2055298	1	134737907
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	08/27/14	2112384	1	142019616
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	11/07/14	2144498	1	142019606
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	11/28/14	2153858	1	142019609
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	12/26/14	2167449	1	142019588
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	02/09/15	2187270	1	144795484
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	02/24/15	2194384	1	144795487
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	03/09/15	2199822	1	144795489
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	04/10/15	2215275	1	144795476
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	08/14/15	2267525	1	152204386
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	09/04/15	2275796	1	152204393
3297000	672576	42858080101	MORPHINE ER 15MG TAB RHO	15MG	100	2	11/12/15	2303737	1	154004295
		42858080101 Total								0
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	01/29/16	2338522	1	154004302
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	03/18/16	2360743	1	154004273
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	04/05/16	2367709	1	154004274
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	05/02/16	2379025	1	154004277
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	05/24/16	2389415	1	161253153
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	06/23/16	2403116	1	161253129
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	07/11/16	2410279	1	161253165

30 of 49

329700045

PSI 300_503 - 039

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	VOID NUMBER	QUANTITY	MARK BLANK
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	09/09/16	2437120	1	161253147
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	11/04/16	2462307	1	163460093
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	11/09/16	2464318	2	163460094
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	01/25/17	2503007	2	163460114
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	02/16/17	2513547	1	163460120
3297000	871434	00228427111	MORPHINE ER 30MG TAB ACT	30MG	100	2	08/01/17	2590903	1	170714596
		00228427111 Total								0
3297000	365239	00406833001	MORPHINE ER 30MG TAB MAL	30MG	100	2	08/12/16	2424725	1	161253159
3297000	365239	00406833001	MORPHINE ER 30MG TAB MAL	30MG	100	2	09/26/16	2444222	1	161253137
		00406833001 Total								0
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	01/28/14	2018257	1	134737893
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	04/15/14	2053682	1	134737906
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	05/12/14	2065487	1	134737911
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	07/30/14	2099909	1	142019604
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	08/06/14	2103044	1	142019613
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	11/12/14	2146523	1	142019607
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	01/07/15	2172654	1	144795492
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	02/09/15	2187270	2	144795484
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	04/24/15	2221723	1	144795474
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	06/24/15	2247661	1	144795503
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	08/25/15	2271648	1	152204389
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	10/20/15	2294018	1	152204405
3297000	672592	42858080201	MORPHINE ER 30MG TAB RHO	30MG	100	2	11/25/15	2309534	1	154004298
		42858080201 Total								0
3297000	544817	00054023525	MORPHINE IR 15MG TAB ROX	15MG	100	2	01/15/16	2332143	2	154004284
		00054023525 Total								0
3297000	544825	00054023625	MORPHINE IR 30MG TAB ROX	30MG	100	2	01/15/16	2332143	2	154004284
		00054023625 Total								0
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	02/26/14	2031466	1	134737885
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	04/29/14	2059973	1	134737908
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	06/03/14	2075477	1	134737895
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	07/25/14	2097922	1	142019603
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	08/25/14	2111142	1	142019615

31 of 49

PSI 30b_503 - 040

PSI 30b_503 - 040

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PS ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	WABCBLANK
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	09/29/14	2126415	1	142019624
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	10/23/14	2137507	1	142019598
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	11/28/14	2153858	1	142019609
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	01/07/15	2172654	1	144795492
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	03/09/15	2199822	1	144795489
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	03/11/15	2201673	1	144795478
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	04/22/15	2220590	1	144795471
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	05/19/15	2232365	1	144795468
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	06/02/15	2238370	1	144795498
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	07/17/15	2256246	1	152204418
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	08/25/15	2271648	1	152204389
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	09/17/15	2280375	1	152204396
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	10/15/15	2292137	1	152204403
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	12/16/15	2319536	1	154004289
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	01/13/16	2331053	1	154004282
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	02/18/16	2347958	1	154004307
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	03/18/16	2360743	1	154004273
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	04/12/16	2370585	1	154004275
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	05/10/16	2382966	1	154004278
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	06/15/16	2399318	1	161253128
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	07/11/16	2410280	1	161253166
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	08/12/16	2424725	1	161253159
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	09/09/16	2437120	1	161253147
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	10/12/16	2451727	1	161253140
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	11/09/16	2464318	1	163460094
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	12/12/16	2480228	1	163460098
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	01/09/17	2494247	2	163460107
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	03/08/17	2522898	1	17X811570
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	04/20/17	2542646	1	17X829041
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	05/09/17	2551186	1	17X836965
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	06/07/17	2564544	1	17X848492
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	07/17/17	2583401	1	17X864325
3297000	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	08/01/17	2590903	1	170714596

32 of 49

5047

PSI 30b_503 - 041

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC- W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-25-17

CUST NUMBER	PSI ITEM	INQ#	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARK BLANK
		50458084004 Total								0
3297000	557223	50458082004	NUCYNTA 50MG TAB	50MG	100	2	08/21/15	2270470	1	152204388
3297000	557223	50458082004	NUCYNTA 50MG TAB	50MG	100	2	09/10/15	2277558	1	152204394
		50458082004 Total								0
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	03/27/14	2045327	1	134737902
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	04/29/14	2059973	1	134737908
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	05/30/14	2073749	1	134737914
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	06/10/14	2078597	1	134737897
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	08/01/14	2100813	1	142019605
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	08/12/14	2105417	1	142019619
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	09/03/14	2115155	1	142019618
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	10/30/14	2140586	1	142019596
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	12/03/14	2156346	2	142019585
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	01/07/15	2172654	1	144795492
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	03/09/15	2199822	1	144795489
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	04/15/15	2217356	1	144795470
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	05/06/15	2227036	1	144795464
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	06/02/15	2238370	1	144795498
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	07/02/15	2251184	1	152204414
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	08/07/15	2264662	1	152204385
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	09/04/15	2275796	1	152204393
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	10/06/15	2288293	1	152204400
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	11/05/15	2300607	1	152204410
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	12/03/15	2312882	1	154004299
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	01/05/16	2326918	1	154004291
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	01/29/16	2338522	1	154004302
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	03/10/16	2357199	1	154004267
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	03/29/16	2364610	1	154004270
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	05/26/16	2390741	2	161253150
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	07/06/16	2408311	1	161253164
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	08/30/16	2432714	1	161253145
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	09/20/16	2441823	1	161253136
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	10/21/16	2455816	1	163460091

33 of 49

00048

PSI 30b_503 - 042

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVO NUMBER	QUANTITY	MARK BLANK
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	11/22/16	2470671	1	163460096
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	12/21/16	2485752	1	163460102
3297000	663062	63481081760	OPANA ER 30MG TAB	30MG	60	2	01/30/17	2504824	1	163460116
		63481081760 Total								0
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	01/28/14	2018257	3	134737893
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/15/14	2053682	3	134737906
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	06/03/14	2075477	1	134737895
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	07/09/14	2090817	2	142019600
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	08/18/14	2107911	2	142019614
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	09/16/14	2120978	3	142019623
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	10/06/14	2129700	2	142019626
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	11/12/14	2146523	2	142019607
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	12/03/14	2156346	1	142019585
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	12/16/14	2163330	2	142019587
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	02/09/15	2187270	1	144795484
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	03/09/15	2199822	3	144795489
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/10/15	2215275	3	144795476
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	05/01/15	2224881	3	144795472
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	06/11/15	2242212	3	144795504
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	08/04/15	2262985	2	152204424
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	08/14/15	2267525	2	152204386
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	09/04/15	2275796	2	152204393
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	09/17/15	2280375	3	152204396
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	11/05/15	2300607	2	152204410
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	12/07/15	2314371	2	154004301
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	01/11/16	2329685	2	154004281
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	01/20/16	2334280	2	154004285
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	02/18/16	2347958	2	154004307
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/05/16	2367709	2	154004274
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	05/17/16	2386277	2	161253148
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	05/24/16	2389415	3	161253153
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	05/26/16	2390741	3	161253150
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	06/15/16	2399318	3	161253128

34 of 49

32970000049

PSI 30b_503 - 043

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC- W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

Q12 NUMBER	PS ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	PRICE
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	07/27/16	2417559	3	161253155
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	08/18/16	2427434	3	161253141
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	09/09/16	2437120	5	161253147
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	10/14/16	2452731	4	163460087
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	11/04/16	2462307	4	163460093
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	11/30/16	2474359	5	163460097
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	12/28/16	2488734	5	163460104
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	01/25/17	2503007	3	163460114
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	02/08/17	2509720	4	163460118
3297000	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	08/08/17	2594386	2	170714600
		10702005601 Total								0
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	06/17/14	2081805	1	134737899
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	10/16/14	2134403	1	142019594
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	10/23/14	2137507	1	142019598
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	11/28/14	2153858	1	142019609
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	12/16/14	2163330	2	142019587
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	04/10/15	2215275	1	144795476
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	05/05/15	2226329	2	144795463
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	07/22/15	2257908	2	152204421
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	08/04/15	2262985	1	152204424
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	08/14/15	2267525	1	152204386
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	09/17/15	2280375	2	152204396
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	10/27/15	2296766	3	152204409
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	12/03/15	2312882	1	154004299
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	12/07/15	2314371	1	154004301
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	01/29/16	2338522	2	154004302
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	05/02/16	2379025	2	154004277
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	08/30/16	2432714	1	161253145
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	09/26/16	2444222	2	161253137
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	10/14/16	2452731	1	163460087
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	10/26/16	2457749	1	163460092
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	11/22/16	2470671	3	163460096
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	12/22/16	2486350	2	163460103

35 of 49

PSI 30b_503 - 044

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	RXZ	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	01/30/17	2504824	3	163460116
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	02/08/17	2509720	2	163460118
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	03/02/17	2519953	2	163460083
3297000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	08/08/17	2594386	1	170714600
		10702000801 Total								0
3297000	563965	10702005701	OXYCODONE 20MG TAB KVK	20MG	100	2	02/10/17	2510760	1	163460119
3297000	563965	10702005701	OXYCODONE 20MG TAB KVK	20MG	100	2	02/27/17	2518202	3	163460082
		10702005701 Total								0
3297000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	08/08/17	2594386	2	170714600
		10702000901 Total								0
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/13/14	2011067	3	134737890
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	02/06/14	2022272	3	134737894
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	03/24/14	2043489	4	134737879
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	04/29/14	2059973	4	134737908
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	06/03/14	2075477	2	134737895
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	07/30/14	2099909	2	142019604
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	09/16/14	2120978	4	142019623
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	12/03/14	2156346	2	142019585
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	06/02/15	2238370	2	144795498
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	08/04/15	2262985	2	152204424
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	10/12/15	2290631	3	152204402
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	11/25/15	2309534	2	154004298
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/20/16	2334280	2	154004285
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	04/12/16	2370585	3	154004275
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	05/02/16	2379025	4	154004277
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	05/17/16	2386277	2	161253148
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	08/12/16	2424725	3	161253159
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	09/09/16	2437120	2	161253147
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	10/18/16	2454139	3	163460090
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	11/15/16	2467198	3	163460095
3297000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/11/17	2495805	4	163460111
		10702001801 Total								0
3297000	913814	60432070605	OXYCODONE 5MG/5ML ORAL SOL WOC	5MG/5	500	2	06/20/17	2571082	1	17X854177

36 of 49

PSI 30b_503 - 045

PSI 30b_503 - 045

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-25-17

CUST NUMBER	PSI ITEM	WDC	ITEM DESCRIPTION	STRENGTH	SZ/BL	CLASS	DATE	INVOIC NUMBER	QUANTITY	AMOUNT
		60432070605 Total								0
3297000	874362	00115155801	OXYCODONE ER 20MG TAB GLO	20MG	100	2	04/01/16	2366372	1	154004272
3297000	874362	00115155801	OXYCODONE ER 20MG TAB GLO	20MG	100	2	06/23/16	2403116	1	161253129
		00115155801 Total								0
3297000	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	01/13/14	2011067	3	134737890
3297000	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	02/26/14	2031466	3	134737885
3297000	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	04/02/14	2048044	2	134737904
3297000	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	05/07/14	2063621	7	134737910
		47781023001 Total								0
3297000	155556	00603498221	OXYCODONE/APAP 10/325MG QT	10/325	100	2	06/03/14	2075477	2	134737895
3297000	155556	00603498221	OXYCODONE/APAP 10/325MG QT	10/325	100	2	07/30/14	2099909	2	142019604
3297000	155556	00603498221	OXYCODONE/APAP 10/325MG QT	10/325	100	2	02/10/16	2344131	5	154004305
		00603498221 Total								0
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	02/10/14	2023653	3	134737881
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	02/17/14	2026935	4	134737882
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	03/05/14	2034918	1	134737874
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	03/19/14	2041326	3	134737878
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	03/24/14	2043489	3	134737879
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	05/12/14	2065487	4	134737911
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	06/27/14	2086198	3	134737901
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	07/25/14	2097922	5	142019603
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	08/18/14	2107911	4	142019614
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	08/29/14	2113486	6	142019617
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	09/29/14	2126415	4	142019624
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	09/30/14	2127225	2	142019625
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	10/23/14	2137509	5	142019595
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	11/21/14	2151115	4	142019608
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	11/28/14	2153858	4	142019609
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	12/26/14	2167449	5	142019588
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	01/07/15	2172651	3	144795493
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	02/03/15	2184673	4	144795497
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	02/09/15	2187275	2	144795485
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	02/27/15	2196013	3	144795488

37 of 49

000052

PSI 306_503 - 046

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	I/DC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NASC BANK
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	03/09/15	2199823	2	144795477
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	03/23/15	2206867	5	144795480
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	04/10/15	2215275	3	144795476
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	04/22/15	2220590	3	144795471
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	05/01/15	2224883	3	144795473
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	05/19/15	2232365	4	144795468
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	06/02/15	2238370	2	144795498
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	06/24/15	2247661	3	144795503
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	07/07/15	2252159	3	152204415
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	07/17/15	2256246	3	152204418
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	07/22/15	2257908	4	152204421
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	08/07/15	2264662	2	152204385
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	08/18/15	2268864	4	152204387
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	09/10/15	2277558	2	152204394
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	09/17/15	2280375	3	152204396
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	09/25/15	2283866	2	152204398
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	10/15/15	2292137	8	152204403
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	11/12/15	2303737	2	154004295
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	11/19/15	2306888	4	154004297
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	12/07/15	2314371	2	154004301
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	12/11/15	2317361	3	154004300
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	12/16/15	2319536	4	154004289
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	01/05/16	2326918	3	154004291
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	01/11/16	2329679	3	154004293
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	01/13/16	2331053	4	154004282
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	01/20/16	2334280	2	154004285
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	02/18/16	2347958	3	154004307
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	03/04/16	2354604	4	154004267
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	03/18/16	2360750	4	154004269
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	04/05/16	2367709	4	154004274
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	04/12/16	2370585	8	154004275
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	05/02/16	2379025	6	154004277
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	05/17/16	2386277	3	161253148

38 of 49

PSI 30b_503 - 047

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	I/DC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NAME/CANN
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	06/01/16	2392786	3	161253151
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	06/23/16	2403116	4	161253129
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	07/11/16	2410280	8	161253166
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	07/27/16	2417559	4	161253155
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	08/15/16	2425451	4	161253619
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	08/30/16	2432714	4	161253145
3297000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	09/09/16	2437120	3	161253147
		53746020401 Total								0
3297000	917112	13107004601	OXYCODONE/APAP 10/325MG AUR	10/325	100	2	08/01/17	2590904	10	170214598
		13107004601 Total								0
3297000	873281	42858010401	OXYCODONE/APAP 10/325MG RHO	10/325	100	2	09/20/16	2441823	7	161253136
3297000	873281	42858010401	OXYCODONE/APAP 10/325MG RHO	10/325	100	2	10/21/16	2455816	5	163460091
3297000	873281	42858010401	OXYCODONE/APAP 10/325MG RHO	10/325	100	2	11/15/16	2467198	3	163460095
3297000	873281	42858010401	OXYCODONE/APAP 10/325MG RHO	10/325	100	2	12/12/16	2480228	4	163460098
3297000	873281	42858010401	OXYCODONE/APAP 10/325MG RHO	10/325	100	2	01/10/17	2495007	7	163460110
3297000	873281	42858010401	OXYCODONE/APAP 10/325MG RHO	10/325	100	2	01/20/17	2500733	5	163460113
3297000	873281	42858010401	OXYCODONE/APAP 10/325MG RHO	10/325	100	2	02/16/17	2513547	4	163460120
		42858010401 Total								0
3297000	250506	00603499821	OXYCODONE/APAP 5/325MG QT	5/325	100	2	04/02/14	2048044	8	134737904
3297000	250506	00603499821	OXYCODONE/APAP 5/325MG QT	5/325	100	2	12/12/14	2161382	2	142019586
		00603499821 Total								0
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/13/14	2011067	7	134737890
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/24/14	2016684	6	134737892
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/28/14	2018257	4	134737893
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/06/14	2022272	4	134737894
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/10/14	2023553	4	134737881
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/19/14	2028199	6	134737884
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/04/14	2034291	7	134787887
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/19/14	2041326	7	134737878
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	04/15/14	2053682	6	134737906
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	04/29/14	2059973	10	134737908
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/07/14	2063621	4	134737910
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/12/14	2065487	4	134737911

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-25-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	QTY	DATE	INVO NUMBER	QUANTITY	MARK BLANK
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/19/14	2068648	5	134737912
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/29/14	2073165	4	134737913
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/03/14	2075477	5	134737895
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/10/14	2078597	5	134737897
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/17/14	2081805	5	134737899
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/27/14	2086198	7	134737901
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/09/14	2090817	4	142019600
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/11/14	2091815	6	142019601
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/16/14	2093878	10	142019602
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/06/14	2103044	5	142019613
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/18/14	2107911	6	142019614
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/25/14	2111142	5	142019615
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/05/14	2116243	8	142019621
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/16/14	2120978	4	142019623
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/29/14	2126415	7	142019624
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/13/14	2132778	8	142019593
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/23/14	2137507	7	142019598
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/30/14	2140586	5	142019596
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/07/14	2144498	3	142019606
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/12/14	2146523	6	142019607
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/18/14	2149430	5	142019612
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/28/14	2153858	6	142019609
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	12/03/14	2156346	4	142019585
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	12/08/14	2158723	4	142019591
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	12/16/14	2163330	6	142019587
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	12/26/14	2167449	5	142019588
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/07/15	2172654	6	144795492
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/15/15	2176431	7	144795494
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/28/15	2182185	8	144795496
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/09/15	2187275	12	144795485
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/24/15	2194384	7	144795487
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/09/15	2199823	7	144795477
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/11/15	2201673	3	144795478

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PS ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARK BLANK
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/23/15	2206867	8	144795480
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	04/06/15	2212979	7	144795483
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	04/15/15	2217356	7	144795470
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/01/15	2224881	5	144795472
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/13/15	2229970	8	144795465
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/27/15	2235656	6	144795466
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/08/15	2240651	5	144795499
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/16/15	2244264	8	144795500
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/07/15	2252159	4	152204415
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/22/15	2257908	5	152204421
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/28/15	2260215	5	152204425
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/07/15	2264662	5	152204385
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/18/15	2268864	5	152204387
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/28/15	2273144	7	152204390
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/10/15	2277558	6	152204394
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/25/15	2283866	7	152204398
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/30/15	2286033	6	152204399
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/12/15	2290631	6	152204402
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/20/15	2294018	4	152204405
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/27/15	2296766	4	152204409
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/05/15	2300607	5	152204410
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/09/15	2301973	3	152204412
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/12/15	2303737	5	154004295
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/19/15	2306888	5	154004297
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/25/15	2309534	10	154004298
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	12/11/15	2317361	5	154004300
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	12/16/15	2319536	4	154004289
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/05/16	2326918	6	154004291
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/11/16	2329679	3	154004293
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/13/16	2331053	5	154004282
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/02/16	2340133	7	154004303
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/12/16	2345258	5	154004305
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	02/26/16	2351793	7	154004308

41 of 49

PSI 30b-503-050

PSI 30b-503-050

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NAME/BLANK
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/08/16	2355949	5	154004268
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/18/16	2360750	4	154004269
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	03/29/16	2364610	4	154004270
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	04/05/16	2367709	6	154004274
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/02/16	2379025	12	154004277
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	05/17/16	2386277	5	161253148
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/01/16	2392786	4	161253151
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	06/15/16	2399329	8	161253128
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/06/16	2408311	5	161253164
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	07/11/16	2410280	5	161253166
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/01/16	2419247	7	161253157
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/12/16	2424725	7	161253159
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	08/30/16	2432714	6	161253145
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/09/16	2437120	6	161253147
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	09/26/16	2444222	9	161253137
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/05/16	2448758	6	161253139
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/21/16	2455816	7	163460091
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/04/16	2462307	6	163460093
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	11/22/16	2470671	8	163460096
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/09/17	2494247	7	163460107
3297000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	01/30/17	2504824	5	163460116
		53746020301 Total								0
3297000	917138	13107004401	OXYCODONE/APAP 5/325MG AUR	5/325	100	2	12/12/16	2480228	9	163460098
3297000	917138	13107004401	OXYCODONE/APAP 5/325MG AUR	5/325	100	2	01/20/17	2500733	7	163460113
3297000	917138	13107004401	OXYCODONE/APAP 5/325MG AUR	5/325	100	2	02/08/17	2509720	7	163460118
3297000	917138	13107004401	OXYCODONE/APAP 5/325MG AUR	5/325	100	2	02/20/17	2514952	4	163460080
3297000	917138	13107004401	OXYCODONE/APAP 5/325MG AUR	5/325	100	2	03/02/17	2519953	7	163460083
3297000	917138	13107004401	OXYCODONE/APAP 5/325MG AUR	5/325	100	2	08/01/17	2590904	8	170214598
		13107004401 Total								0
3297000	378984	00406052201	OXYCODONE/APAP 7.5/325 MAL	7.5/325	100	2	03/05/14	2034918	3	134737874
3297000	378984	00406052201	OXYCODONE/APAP 7.5/325 MAL	7.5/325	100	2	03/19/14	2041326	3	134737878
3297000	378984	00406052201	OXYCODONE/APAP 7.5/325 MAL	7.5/325	100	2	07/25/14	2097922	3	142019603
		00406052201 Total								0

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PS ITEM	NDC	ITEM DESCRIPTION	STRENGTH	QTY	CLASS	DATE	INVOICE NUMBER	QTY/MTV	MANC BLANK
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	01/13/14	2011067	2	134737890
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	05/12/14	2065487	2	134737911
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	06/03/14	2075477	2	134737895
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	06/23/14	2084205	2	134737900
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	08/12/14	2105417	2	142019619
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	09/29/14	2126415	3	142019624
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	09/30/14	2127225	3	142019625
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	10/30/14	2140586	4	142019596
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	11/28/14	2153858	3	142019609
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	12/08/14	2158723	2	142019591
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	01/15/15	2176431	4	144795494
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	02/09/15	2187275	3	144795485
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	03/09/15	2199823	4	144795477
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	04/10/15	2215275	3	144795476
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	05/01/15	2224881	3	144795472
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	05/27/15	2235656	2	144795466
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	06/08/15	2240651	7	144795499
3297000	828046	47781022901	OXYCODONE/APAP 7.5/325MG AL	7.5325	100	2	07/07/15	2252159	6	152204415
		47781022901 Total								0
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	07/31/15	2261645	5	152204422
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	08/18/15	2268864	3	152204387
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	09/04/15	2275796	3	152204393
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	09/17/15	2280375	3	152204396
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	09/25/15	2283866	4	152204398
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	10/15/15	2292137	3	152204403
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	11/09/15	2301973	3	152204412
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	11/19/15	2306888	4	154004297
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	12/11/15	2317361	3	154004300
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	01/20/16	2334280	2	154004285
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	02/10/16	2344131	3	154004305
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	03/08/16	2355949	2	154004268
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	04/22/16	2375062	4	154004276
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	05/24/16	2389415	4	161253153

43 of 49

3297000058

PSI 30b_503 - 052

Prescription Supply, Inc. ~ Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	MARC (LAW)
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	06/15/16	2399318	3	161253128
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	06/24/16	2403781	3	161253130
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	08/12/16	2424726	3	161253160
3297000	854216	65162020710	OXYCODONE/APAP 7.5/325MG AMN	7.5325	100	2	08/30/16	2432714	3	161253145
		65162020710 Total								0
3297000	917153	13107004501	OXYCODONE/APAP 7.5/325MG AUR	7.5325	100	2	08/01/17	2590904	3	170214598
		13107004501 Total								0
3297000	873307	42858010301	OXYCODONE/APAP 7.5/325MG RHO	7.5325	100	2	10/05/16	2448758	3	161253139
3297000	873307	42858010301	OXYCODONE/APAP 7.5/325MG RHO	7.5325	100	2	11/15/16	2467198	3	163460095
3297000	873307	42858010301	OXYCODONE/APAP 7.5/325MG RHO	7.5325	100	2	12/12/16	2480228	3	163460098
3297000	873307	42858010301	OXYCODONE/APAP 7.5/325MG RHO	7.5325	100	2	01/09/17	2494247	4	163460107
3297000	873307	42858010301	OXYCODONE/APAP 7.5/325MG RHO	7.5325	100	2	01/09/17	2494270	7	163460108
3297000	873307	42858010301	OXYCODONE/APAP 7.5/325MG RHO	7.5325	100	2	01/13/17	2497326	-7	164528161
3297000	873307	42858010301	OXYCODONE/APAP 7.5/325MG RHO	7.5325	100	2	02/08/17	2509720	3	163460118
		42858010301 Total								0
3297000	574392	59011041010	OXYCONTIN CR 10MG TAB	10MG	100	2	05/12/14	2065487	1	134737911
3297000	574392	59011041010	OXYCONTIN CR 10MG TAB	10MG	100	2	08/26/16	2431216	1	161253144
		59011041010 Total								0
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	02/19/14	2028199	1	134737884
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	03/19/14	2041326	1	134737878
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	04/15/14	2053682	1	134737906
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	05/07/14	2063621	2	134737910
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	06/03/14	2075477	1	134737895
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	07/09/14	2090817	1	142019600
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	08/06/14	2103044	1	142019613
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	09/10/14	2118494	1	142019622
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	10/13/14	2132778	1	142019593
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	10/30/14	2140586	1	142019596
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	12/03/14	2156346	1	142019585
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	01/06/15	2171990	1	144795491
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	02/03/15	2184673	1	144795497
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	03/09/15	2199823	2	144795477
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	03/23/15	2206867	1	144795480

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	05/01/15	2224883	3	144795473
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	08/07/15	2264662	1	152204385
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	08/14/15	2267618	1	152204386
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	09/25/15	2283866	1	152204398
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	10/20/15	2294018	1	152204405
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	01/05/16	2326918	1	154004291
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	01/29/16	2338522	1	154004302
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	05/13/16	2384667	1	161253154
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	06/15/16	2399318	1	161253128
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	09/02/16	2434310	1	161253146
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	11/09/16	2464318	1	163460094
3297000	574418	59011042010	OXYCONTIN CR 20MG TAB	20MG	100	2	01/25/17	2503007	1	163460114
		59011042010 Total								0
3297000	574426	59011043010	OXYCONTIN CR 30MG TAB	30MG	100	2	11/09/15	2301973	1	152204412
3297000	574426	59011043010	OXYCONTIN CR 30MG TAB	30MG	100	2	11/13/15	2304229	1	154004296
		59011043010 Total								0
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	02/19/14	2028199	1	134737884
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	03/19/14	2041326	1	134737878
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	05/19/14	2068648	1	134737912
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	07/25/14	2097922	1	142019603
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	08/18/14	2107911	1	142019614
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	12/16/14	2163330	1	142019587
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	02/18/15	2191601	1	144795486
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	04/10/15	2215277	1	144795475
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	05/01/15	2224883	1	144795473
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	09/04/15	2275796	1	152204393
3297000	574434	59011044010	OXYCONTIN CR 40MG TAB	40MG	100	2	07/20/16	2414660	1	161253168
		59011044010 Total								0
3297000	689216	00115131613	OXYMORPHONE ER 15MG TAB GLO	15MG	60	2	05/04/17	2549065	1	17X834734
3297000	689216	00115131613	OXYMORPHONE ER 15MG TAB GLO	15MG	60	2	08/02/17	2591520	1	170714599
		00115131613 Total								0
3297000	394585	00603516621	PB 1/2GR 32.4MG TAB QT	1/2GR	100	4	01/15/15	2176498	4	
		00603516621 Total								0

45 of 49

P0000060

PSI 30b_503 - 054

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	902767	00143144501	PB 1/4GR 15MG TAB WW	15MG	100	4	06/29/16	2405712	1	
		00143144501 Total								0
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	01/14/14	2011742	1	134737891
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	02/06/14	2022272	1	134737894
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	03/06/14	2035396	1	134737875
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	04/02/14	2048044	1	134737904
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	12/12/14	2161382	2	142019586
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	01/28/15	2182185	1	144795496
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	03/03/15	2197529	1	144795490
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	04/22/15	2220590	1	144795471
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	05/28/15	2236171	1	144795467
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	06/05/15	2240175	-1	144211567
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	10/16/15	2292793	2	152204404
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	11/24/15	2309049	1	154004297
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	12/16/15	2319536	1	154004289
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	01/13/16	2331053	1	154004282
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	02/18/16	2347958	1	154004307
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	09/13/16	2438651	2	161253134
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	10/14/16	2452731	1	163460087
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	11/30/16	2474359	1	163460097
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	12/30/16	2490004	1	163460106
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	02/01/17	2506245	1	163460117
3297000	345736	63481062970	PERCOCET 10/325MG TAB	10/325	100	2	02/14/17	2512299	1	163460118
		63481062970 Total								0
3297000	411108	00603158558	PROMETHAZINE W/COD SYR QT	6.25MG	473	5	01/09/14	2009448	2	
		00603158558 Total								0
3297000	154195	00054368663	ROXICET ORAL SOL 5/325/5ML ROX	5/325	500	2	02/18/14	2027497	1	134737883
		00054368663 Total								0
3297000	532051	65162062711	TRAMADOL 50MG TAB AMN	50MG	1000	4	02/06/14	2022369	1	
3297000	532051	65162062711	TRAMADOL 50MG TAB AMN	50MG	1000	4	02/25/14	2030828	1	
		65162062711 Total								0
3297000	532044	65162062750	TRAMADOL 50MG TAB AMN	50MG	500	4	08/21/14	2109860	1	
3297000	532044	65162062750	TRAMADOL 50MG TAB AMN	50MG	500	4	08/25/14	2111204	1	

46 of 49

P-3297000061

PSI 30b_503 - 055

Prescription Supply, Inc. - Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	INARC BLATN
		65162062750 Total								0
3297000	824250	47335086083	TRAMADOL ER 200MG TAB CAR	200MG	30	4	11/03/14	2142136	1	
3297000	824250	47335086083	TRAMADOL ER 200MG TAB CAR	200MG	30	4	12/03/14	2156366	1	
		47335086083 Total								0
3297000	843755	53746061701	TRAMADOL/APAP 37.5/325MG AMN	37.532	100	4	11/15/16	2467185	1	
		53746061701 Total								0
3297000	675306	00074304113	VICODIN 5/300MG TAB	5/300	100	2	11/12/14	2146523	2	142019607
3297000	675306	00074304113	VICODIN 5/300MG TAB	5/300	100	2	12/03/14	2156346	1	142019585
		00074304113 Total								0
3297000	856450	59417010110	VYVANSE 10MG CAP	10MG	100	2	10/20/15	2294018	1	152204405
3297000	856450	59417010110	VYVANSE 10MG CAP	10MG	100	2	08/18/16	2427434	1	161253141
3297000	856450	59417010110	VYVANSE 10MG CAP	10MG	100	2	01/20/17	2500733	1	163460113
		59417010110 Total								0
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	01/13/14	2011067	1	134737890
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	08/25/14	2111142	1	142019615
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	03/03/15	2197529	1	144795490
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	03/23/15	2206867	1	144795480
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	05/01/15	2224883	1	144795473
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	10/06/15	2288293	1	152204400
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	01/20/16	2334280	1	154004285
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	05/10/16	2382966	1	154004278
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	10/05/16	2448758	1	161253139
3297000	536045	59417010210	VYVANSE 20MG CAP	20MG	100	2	12/28/16	2488734	1	163460104
		59417010210 Total								0
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	01/13/14	2011067	1	134737890
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	02/19/14	2028199	1	134737884
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	05/19/14	2068648	1	134737912
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	12/16/14	2163330	1	142019587
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	03/27/15	2209270	1	144795481
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	05/06/15	2227036	1	144795464
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	06/16/15	2244264	1	144795500
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	07/31/15	2261645	1	152204422
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	09/25/15	2283866	1	152204398

47 of 49

65162062

PSI 30b_503 - 056

Prescription Supply, Inc. — Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

QST NUMBER	PS ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	11/10/15	2302515	1	152204411
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	12/03/15	2312882	1	154004299
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	01/11/16	2329679	1	154004293
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	03/04/16	2354604	1	154004267
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	04/22/16	2375062	1	154004276
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	07/11/16	2410280	1	161253166
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	10/12/16	2451727	1	161253140
3297000	415828	59417010310	VYVANSE 30MG CAP	30MG	100	2	01/09/17	2494270	1	163460108
		59417010310 Total								0
3297000	536052	59417010410	VYVANSE 40MG CAP	40MG	100	2	01/07/15	2172651	1	144795493
3297000	536052	59417010410	VYVANSE 40MG CAP	40MG	100	2	04/24/15	2221723	1	144795474
3297000	536052	59417010410	VYVANSE 40MG CAP	40MG	100	2	02/10/16	2344131	1	154004305
3297000	536052	59417010410	VYVANSE 40MG CAP	40MG	100	2	09/02/16	2434310	1	161253146
3297000	536052	59417010410	VYVANSE 40MG CAP	40MG	100	2	12/21/16	2485752	1	163460102
		59417010410 Total								0
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	03/18/14	2040634	1	134737877
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	07/17/15	2256246	1	152204418
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	10/12/15	2290631	1	152204402
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	02/18/16	2347958	1	154004307
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	04/22/16	2375062	1	154004276
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	06/03/16	2394150	1	161253152
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	07/11/16	2410280	1	161253166
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	09/13/16	2438651	1	161253134
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	11/04/16	2462307	1	163460093
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	12/12/16	2480228	1	163460098
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	01/09/17	2494270	1	163460108
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	02/08/17	2509720	1	163460118
3297000	415836	59417010510	VYVANSE 50MG CAP	50MG	100	2	08/01/17	2590904	1	170214598
		59417010510 Total								0
3297000	536060	59417010610	VYVANSE 60MG CAP	60MG	100	2	01/13/14	2011067	1	134737890
3297000	536060	59417010610	VYVANSE 60MG CAP	60MG	100	2	08/01/17	2590904	1	170214598
		59417010610 Total								0
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	02/06/14	2022272	1	134737894

Prescription Supply, Inc. -- Purchase Recap
 GIBSONBURG PHARMACY INC-W/PILLS N PKGS DO NOT USE - Account#: 3297000
 01/01/14 to 10/25/17

Run Date: 10-26-17

CUST NUMBER	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	NARC BLANK
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	05/07/14	2063621	1	134737910
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	07/30/14	2099909	1	142019604
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	09/29/14	2126415	1	142019624
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	11/07/14	2144498	1	142019606
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	01/07/15	2172651	1	144795493
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	03/03/15	2197529	1	144795490
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	06/11/15	2242212	1	144795504
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	09/04/15	2275796	1	152204393
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	01/11/16	2329685	1	154004281
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	05/02/16	2379025	1	154004277
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	08/01/16	2419247	1	161253157
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	10/26/16	2457749	1	163460092
3297000	415844	59417010710	VYVANSE 70MG CAP	70MG	100	2	12/28/16	2488734	1	163460104
		59417010710 Total								0
3297000	569301	00603646921	ZOLPIDEM 10MG TAB QT DISC	10MG	100	4	05/07/14	2063623	1	
		00603646921 Total								0
3297000	870469	00093007301	ZOLPIDEM 5MG TAB TEV	5MG	100	4	01/07/16	2328231	1	
3297000	870469	00093007301	ZOLPIDEM 5MG TAB TEV	5MG	100	4	01/12/16	2330383	4	
		00093007301 Total								0
		Grand Total								0

PSI0000064

PSI 30b_503 - 058

PSI 30b_503 - 059

PRESCRIPTION SUPPLY, INC. 2233 TRACY RD NORTHWOOD, OH 43619

INCREASED PURCHASE REQUEST for CONTROLLED SUBSTANCES

We understand that changes in usage occur. To facilitate increased purchasing, please have the Owner, Business Officer or Authorized Signatory complete and return this form.

Email to: JSchoen@prescriptionsupply.com or FAX 419-661-6619

RETAIL PHARMACY NAME: The Medicine Shoppe PSI ACCT# 2788

DBA: _____

ADDRESS: 234 W. Main St
Pella OH 44811

PHONE: 419-483-3784 FAX: 419-483-3802 PHCY DEA #: [REDACTED]

1. Has the pharmacy prescription count increased? YES NO
2. Did the pharmacy change its business activities? YES NO
3. Has there been an increase in prescribers? YES NO
4. Is the pharmacy servicing additional LTC/Hospice/Pain Mgmt/Urgent Care? YES NO
5. NAME/DRUG FAMILY: _____
6. Reason for request:

Cardinal was out of Stock / Back order on Oxycodone 30mg

7. If NEW Pain Management Clinic/Physicians/Hospice/Urgent Care/Long Term Care, please list each prescriber name with their DEA #.


NAME _____ DEA# _____

NAME _____ DEA# _____

NAME _____ DEA# _____

I, as the **Owner, Authorized Representative or Officer of the Owner**, declare under penalty of perjury that I have completed this request to the best of my knowledge and believe the information provided is true, accurate and complete.

AUTHORIZED SIGNATOR:


Signature Amy Schwan
Printed Full Name

1/4/15
Date RPL
Title

PSI0000065

PSI 30b_503 - 060

Prescription Supply, Inc. - Purchase Recap
 THE MEDICINE SHOPPE/MEDICINE SHOP BELLEV - Account#: 2788000
 01/01/14 to 09/25/17

Run Date: 10-20-17

ITEM NUMBER	ITEM CODE	ITEM NAME	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	12/09/14	2159520	3
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	12/26/14	2167529	3
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/05/15	2171384	10
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/05/15	2172035	10
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/07/15	2172707	20
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/09/15	2173860	5
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/27/15	2181816	6
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	02/03/15	2184747	13
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	02/18/15	2191706	5
2788000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	02/12/16	2345373	4
2788000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	12/05/14	2157628	2
2788000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/29/15	2338601	2
2788000	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/29/16	2338697	3
2788000	666511	66689040316	OXYCODONE 5MG/5ML SOL VIS	5MG	500	2	07/13/16	2411498	1
2788000	672758	47781023005	OXYCODONE/APAP 10/325MG AL	10/325	500	2	01/21/14	2015019	1
2788000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	01/29/15	2338601	8
2788000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	01/29/16	2338697	3
2788000	579920	53746020401	OXYCODONE/APAP 10/325MG AMN	10/325	100	2	02/12/16	2345373	5
2788000	378968	00406052301	OXYCODONE/APAP 10/325MG MAL	10/325	100	2	02/03/15	2340824	6
2788000	378968	00406052301	OXYCODONE/APAP 10/325MG MAL	10/325	100	2	02/10/16	2344098	5
2788000	579946	53746020301	OXYCODONE/APAP 5/325MG AMN	5/325	100	2	10/30/14	2140701	1
2788000	354704	00406051205	OXYCODONE/APAP 5/325MG MAL	5/325	500	2	10/20/14	2136007	1
2788000	354704	00406051205	OXYCODONE/APAP 5/325MG MAL	5/325	500	2	10/27/14	2139089	1
2788000	354704	00406051205	OXYCODONE/APAP 5/325MG MAL	5/325	500	2	02/03/16	2340824	2
2788000	354704	00406051205	OXYCODONE/APAP 5/325MG MAL	5/325	500	2	02/15/16	2346116	2
2788000	574400	59011041510	OXYCONTIN CR 15MG TAB	15MG	100	2	01/29/15	2338601	1
2788000	679084	00115123301	OXYMORPHONE ER 20MG TAB GLO	20MG	100	2	01/09/15	2173860	1
2788000	679092	00115131701	OXYMORPHONE ER 30MG TAB GLO	30MG	100	2	05/19/14	2058616	1
2788000	679092	00115131701	OXYMORPHONE ER 30MG TAB GLO	30MG	100	2	10/24/14	2138113	1
2788000	679092	00115131701	OXYMORPHONE ER 30MG TAB GLO	30MG	100	2	10/29/14	2140196	2
2788000	689232	00115131713	OXYMORPHONE ER 30MG TAB GLO	30MG	60	2	05/19/14	2058616	1
2788000	679100	00115123401	OXYMORPHONE ER 40MG TAB GLO	40MG	100	2	01/07/15	2172707	3
2788000	679100	00115123401	OXYMORPHONE ER 40MG TAB GLO	40MG	100	2	01/30/15	2183427	1
2788000	679100	00115123401	OXYMORPHONE ER 40MG TAB GLO	40MG	100	2	02/04/15	2185360	2
2788000	689240	00115123413	OXYMORPHONE ER 40MG TAB GLO	40MG	50	2	01/07/15	2172707	2
2788000	683029	10702007001	OXYMORPHONE IR 5MG TAB KVK	5MG	100	2	01/09/15	2173860	1
2788000	241364	00603516821	PB 1 1/2 GR 97.2MG TAB QT	100MG	100	4	09/26/14	2125735	1
2788000	394585	00603516621	PB 1/2GR 32.4MG TAB QT	1/2GR	100	4	01/19/15	2178059	2
2788000	395814	00603516721	PB 1GR 64.8MG TAB QT	1GR	100	4	01/16/15	2177172	2
2788000	542662	10702002501	PHENTERMINE 37.5MG 8/W TAB KVK	37.5MG	100	4	05/12/17	2566148	3
2788000	576348	12496120803	SUBOXONE SL FILM 8/2MG	8/2MG	30	3	06/24/14	2084824	3
2788000	573303	00574082001	TESTOSTERONE CYP200MG/ML PAD	200MG	1	3	12/09/14	2159516	4
2788000	573303	00574082001	TESTOSTERONE CYP200MG/ML PAD	200MG	1	3	12/16/14	2153338	4
2788000	532051	65162062711	TRAMADOL 50MG TAB AMN	50MG	1000	4	08/20/14	2109261	1
2788000	532051	65162062711	TRAMADOL 50MG TAB AMN	50MG	1000	4	08/25/14	2111275	1

PSI 30b_503 - 061

PRESCRIPTION SUPPLY, INC. 2233 TRACY RD NORTHWOOD, OH 43619**INCREASED PURCHASE REQUEST for CONTROLLED SUBSTANCES**

We understand that changes in usage occur. To facilitate increased purchasing, please have the Owner, Business Officer or Authorized Signatory complete and return this form.

Email to: JSchoen@prescriptionsupply.com or FAX 419-661-6619

RETAIL PHARMACY NAME: SHAFFER PHARMACY PSI ACCT#: 4120
3900 Sunforest Ct.
TOLEDO, OHIO 43623
Ph. 419-473-0891
 DBA: _____
 ADDRESS: _____
 PHONE: _____ FAX: _____ PHCY DEA # [REDACTED]

1. Has the pharmacy prescription count increased? ☒ YES ☐ NO
2. Did the pharmacy change its business activities? ☐ YES ☒ NO
3. Has there been an increase in prescribers? ☒ YES ☐ NO
4. Is the pharmacy servicing additional LTC/Hospice/Pain Mgmt/Urgent Care? YES ☒ NO
5. NAME/DRUG FAMILY: Oxycodone
6. Reason for request:

Supplier mentioned an industry
short supply New MDs moved in
Buildings

7. If NEW Pain Management Clinic/Physicians/Hospice/Urgent Care/Long Term Care, please list each prescriber name with their DEA #.

NAME <u>James O'Hara</u>	DEA# <u>FO-2734742</u>
NAME <u>Amar Goyal</u>	DEA# <u>B6-7790985</u>
NAME _____	DEA# _____

I, as the **Owner, Authorized Representative or Officer of the Owner**, declare under penalty of perjury that I have completed this request to the best of my knowledge and believe the information provided is true, accurate and complete.

AUTHORIZED SIGNATOR:

Tom Tadsen
 Signature
Tom Tadsen
 Printed Full Name

 Date

 Title

PSI0000067

PSI 30b_503 - 062

Prescription Supply, Inc. - Purchase Recap
 SHAFER PHARMACY INC - Account#: 4120000
 01/01/14 to 09/25/17

Run Date: 10-20-17

SHIP NUMBER	ITEM NUMBER	ITEM DATE	ITEM DESCRIPTION	UNIT PRICE	QTY	DATE	INVOICE NUMBER	QTY	
4120000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	10/02/15	2287047	4
4120000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	07/29/16	2418842	2
4120000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	01/11/17	1495846	4
4120000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	06/30/17	2576473	9
4120000	578393	10702000801	OXYCODONE 15MG TAB KVK	15MG	100	2	07/03/17	2577238	2
4120000	867655	10702000850	OXYCODONE 15MG TAB KVK	15MG	500	2	12/30/15	2325025	1
4120000	867655	10702000850	OXYCODONE 15MG TAB KVK	15MG	500	2	07/03/17	2577237	3
4120000	867655	10702000850	OXYCODONE 15MG TAB KVK	15MG	500	2	07/06/17	2578613	0
4120000	563965	10702005701	OXYCODONE 20MG TAB KVK	20MG	100	2	03/13/15	2209028	2
4120000	563965	10702005701	OXYCODONE 20MG TAB KVK	20MG	100	2	04/27/15	2272957	3
4120000	563965	10702005701	OXYCODONE 20MG TAB KVK	20MG	100	2	07/27/15	2259792	1
4120000	563965	10702005701	OXYCODONE 20MG TAB KVK	20MG	100	2	08/07/17	2593795	2
4120000	563965	10702005701	OXYCODONE 20MG TAB KVK	20MG	100	2	09/01/17	2606130	2
4120000	866277	68308002003	OXYCODONE 20MG/ML ORAL SOL MAY	20MG	30	2	11/25/15	2309870	1
4120000	866277	68308002003	OXYCODONE 20MG/ML ORAL SOL MAY	20MG	30	2	04/13/17	2539700	8
4120000	866277	68308002003	OXYCODONE 20MG/ML ORAL SOL MAY	20MG	30	2	04/26/17	2545244	9
4120000	866277	68308002003	OXYCODONE 20MG/ML ORAL SOL MAY	20MG	30	2	05/08/17	2550483	5
4120000	866277	68308002003	OXYCODONE 20MG/ML ORAL SOL MAY	20MG	30	2	05/08/17	2564080	18
4120000	866277	68308002003	OXYCODONE 20MG/ML ORAL SOL MAY	20MG	30	2	08/04/17	2592841	18
4120000	678748	66689002530	OXYCODONE 20MG/ML ORAL SOL VIS	20MG	30	2	04/11/14	2052340	2
4120000	678748	66689002530	OXYCODONE 20MG/ML ORAL SOL VIS	20MG	30	2	05/12/14	2063725	1
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/08/14	2008762	4
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/15/14	2012453	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	01/17/14	2013602	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	02/19/14	2028007	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	02/23/14	2030961	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	02/25/14	2030986	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	02/26/14	2031532	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	03/05/14	2034807	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	03/06/14	2035558	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	03/14/14	2039391	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	03/21/14	2042527	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	03/21/14	2042796	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	03/27/14	2045531	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/01/14	2047400	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/03/14	2048575	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/08/14	2050800	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/15/14	2053735	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/15/14	2053846	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/21/14	2058298	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/21/14	2056370	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/23/14	2057490	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	04/29/14	2060146	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	05/02/14	2061307	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	05/07/14	2063790	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	05/09/14	2064884	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	05/14/14	2066997	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	05/19/14	2068930	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	05/27/14	2072316	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	05/27/14	2072317	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	06/02/14	2074995	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	06/04/14	2076193	6
4120000	578401	10702000901	OXYCODONE 30MG TAB KVK	30MG	100	2	06/11/14	2079424	6

PSI 30b_ 503 - 063



12/31/19

INCREASED PURCHASE REQUEST

NO. 2120

PRESCRIPTION SUPPLY, INC. 2233 TRACY RD NORTHWOOD, OH 43619

INCREASED PURCHASE REQUEST for CONTROLLED SUBSTANCES

We understand that changes in usage occur. To facilitate increased purchasing, please have the Owner, Business Officer or Authorized Signatory complete and return this form.

~~Supplier: Prescription Supply, Inc. FAX 419-661-6619~~

RETAIL PHARMACY NAME:

Tabb Enterprises Inc

PSI ACCT#: 2013

DBA:

Kahler Pharmacy

ADDRESS:

1941 Airport Highway

Toledo, Ohio 43609

PHONE:

419 162 2211

FAX:

419 162 2228

PHCY DEA #:

1. Has the pharmacy prescription count increased? YES ☒ NO ☐
2. Did the pharmacy change its business activities? YES ☐ NO ☒
3. Has there been an increase in prescribers? YES ☐ NO ☒
4. Is the pharmacy servicing additional LTC/Hospice/Pain Mgmt/Urgent Care? YES ☐ NO ☒
5. NAME/DRUG FAMILY: _____
6. Reason for request: _____

We have seen an increase in prescriptions over the past 6 months for the average of about 110 new prescriptions monthly.

7. If NEW Pain Management Clinic/Physicians/Hospice/Urgent Care/Long Term Care, please list each prescriber name with their DEA #.

NAME _____	DEA# _____
NAME _____	DEA# _____
NAME _____	DEA# _____

I, as the Owner, Authorized Representative or Officer of the Owner, declare under penalty of perjury that I have completed this request to the best of my knowledge and believe the information provided is true, accurate and complete.

AUTHORIZED SIGNATOR:

Signature

Nicholas C. Tabb

Printed Full Name

Date

Title

1/2/15

Pharmacist

PSI0000069

PSI 30b_503 - 064

Prescription Supply, Inc. - Purchase Recap
 KAHLE PHARMACY - Account#: 2013
 12/01/14 to 12/31/14

Run Date: 10-20-17

CUST NUMBER	PSI ITEM	NO.	ITEM DESCRIPTION	STRENGTH	DOSE	DATE	INVOICE NUMBER	QUANTITY
2013	286905	00173069600	ADVAIR 250/50MCG DISKUS	250/50	60	12/29/14	2168565	1
2013	240242	17478029010	AK TOB 0.3% OPTH SOL AK	0.3%	5	12/18/14	2164819	1
2013	841098	67877010605	BENZONATATE 200MG SOFTGEL	200MG	500	12/29/14	2168573	1
2013	563732	05931611710	BIOFREEZE ROLL ON		3	12/16/14	2163326	1
2013	5658	05931612020	BIOFREEZE SPRAY AEROSOL		4	12/16/14	2163326	2
2013	54059		BIOFREEZE TUBE		120	12/16/14	2163326	1
2013	143396		TIN 250MG TABS	250MG	20	12/30/14	2169235	3
2013	353748		TERATUSSIN AC SYRUP QT	AC	118	12/16/14	2163327	2
2013	566802		ENTANYL MATRIX TDS 50MCG	50MCG	5	12/04/14	2157007	2
2013	283556		LUOCINONIDE 0.05% OINT TA	0.05%	60	12/12/14	2161417	1
2013	214494		GENTAK 0.3% OPTH OINT AK	0.3%	3.5	12/31/14	2169759	1
2013	372490		GLIPIZIDE XL 10MG TAB GS	10MG	100	12/23/14	2166461	1
2013	408666		HYDROCODONE/IBU 7.5/200MG	7.5/200	100	12/23/14	2166608	2
2013	377119		JUNEL FE 1.5/30 TAB BARR	1.5MG	6X28	12/29/14	2168361	1
2013	404897		USINOPRIL/HCTZ 10/12.5MG LL	10/12	100	12/17/14	2163876	1
2013	554063		MEDICARE/CAID TRUETEST	DISC	50	12/12/14	2161686	6
2013	390062		MIRTAZAPINE 7.5MG TAB AU	7.5MG	30	12/10/14	2159783	2
2013	111567		NEO POLY B HC OTIC SOL BL	HC	10	12/16/14	2163504	1
2013	612341		NUCYN TA ER 50MG TAB	50MG	60	12/29/14	2168509	1
2013	845669		OMEGA 3 ACID ETH EST 1GM T	1GM	120	12/19/14	2165353	2
2013	578393		OXYCODONE 15MG TAB KV	15MG	100	12/01/14	2154717	2
2013	578393		OXYCODONE 15MG TAB KV	15MG	100	12/02/14	2155620	4
2013	578393		OXYCODONE 15MG TAB KV	15MG	100	12/10/14	2160102	4
2013	578393		OXYCODONE 15MG TAB KV	15MG	100	12/16/14	2163506	3
2013	578393		OXYCODONE 15MG TAB KV	15MG	100	12/23/14	2166608	2
2013	828038		OXYCODONE/APAP 10/325MG	10/325	100	12/04/14	2157007	10
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/01/14	2154717	3
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/02/14	2155620	3
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/04/14	2157246	3
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/09/14	2159664	3
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/12/14	2161508	3
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/15/14	2162497	2
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/16/14	2163506	1
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/19/14	2165117	2
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/19/14	2165358	2
2013	672758		OXYCODONE/APAP 10/325MG	10/325	500	12/29/14	2168509	1
2013	672766		OXYCODONE/APAP 7.5/325MG	7.5/325	500	12/01/14	2154717	1
2013	672766		OXYCODONE/APAP 7.5/325MG	7.5/325	500	12/04/14	2157246	1
2013	672766		OXYCODONE/APAP 7.5/325MG	7.5/325	500	12/05/14	2157693	2
2013	672766		OXYCODONE/APAP 7.5/325MG	7.5/325	500	12/15/14	2162497	1
2013	672766		OXYCODONE/APAP 7.5/325MG	7.5/325	500	12/19/14	2165117	2
2013	672766		OXYCODONE/APAP 7.5/325MG	7.5/325	500	12/19/14	2165358	1
2013	672766		OXYCODONE/APAP 7.5/325MG	7.5/325	500	12/29/14	2168509	1
2013	677377		PROAIR HFA W/DOSE COUNTER	HFA	8.5	12/01/14	2155086	4
2013	282764		SELENIUM SULFIDE 2.5% LOT	PE 2.5%	120	12/18/14	2164732	1

PSI 30b_503 - 065

Prescription Supply, Inc. - Purchase Recap
 KAHLE PHARMACY - Account#: 2013
 01/01/14 to 09/25/17

Run Date: 10-20-17

DATE	PSI ITEM	NDC	ITEM DESCRIPTION	STRENGTH	QTY	PKGS	DATE	INVOICE NUMBER	QUANTITY
2013	576460	64376064301	HYDROCODONE/APAP 10/300MG QT	10/300	100	2	04/15/17	2537585	1
2013	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	03/04/14	2034430	1
2013	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	03/17/14	2040310	2
2013	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	03/17/14	2040311	1
2013	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	03/20/14	2041944	1
2013	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	03/25/14	2045023	1
2013	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	04/10/14	2051548	1
2013	670406	64376064801	HYDROCODONE/APAP 5/300MG QT	5/300	100	2	04/18/14	2055555	2
2013	846600	00603389032	HYDROCODONE/APAP 5/325MG QT	5/325	1000	2	06/25/14	2085948	1
2013	852657	00406012305	HYDROCODONE/APAP 5/325MG MAL	5/325	500	2	12/14/15	2318127	2
2013	834291	00591320205	HYDROCODONE/APAP 5/325MG WAT	5/325	500	2	01/16/15	2177180	2
2013	673004	57664012613	HYDROCODONE/APAP 5/325MG DISC	5/325	500	2	09/30/14	2127421	6
2013	676478	64376064901	HYDROCODONE/APAP 7.5/300MG QT	10/300	100	2	02/09/15	2343575	3
2013	534077	00603389128	HYDROCODONE/APAP 7.5/325MG QT	7.5/325	500	2	02/25/14	2031558	2
2013	841031	64376064016	HYDROCODONE/APAP 7.5/325 OS QT	7.5/325	473	2	06/25/14	2085469	1
2013	841254	00121077204	HYDROCODONE/APAP 7.5/325 OS PAI	7.5/325	118	2	05/29/14	2073338	1
2013	408666	53746014501	HYDROCODONE/IBU 7.5/200MG AMN	7.5/200	100	2	12/23/14	2166608	2
2013	391474	00071101668	LYRICA 150MG CAP	150MG	90	5	04/07/14	2050200	1
2013	391482	00071101768	LYRICA 200MG CAP	200MG	90	5	03/03/14	2033770	1
2013	391482	00071101768	LYRICA 200MG CAP	200MG	90	5	01/23/15	2180503	1
2013	391441	00071101368	LYRICA 50MG CAP	50MG	90	5	01/24/14	2016883	1
2013	593020	00406614401	METHYLPHENIDATE 10MG TAB MAL	10MG	100	2	05/16/14	2067938	1
2013	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	02/21/14	2029132	2
2013	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	03/27/14	2045573	1
2013	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	04/07/14	2050001	1
2013	416362	00781574901	METHYLPHENIDATE 10MG TAB DISC	10MG	100	2	04/21/14	2056361	1
2013	432831	00781575301	METHYLPHENIDATE 20MG TAB DISC	20MG	100	2	04/28/14	2059542	1
2013	583070	00054040444	MORPHINE 20MG/ML DRAL SOL ROX	20MG	30	2	10/25/16	2457777	1
2013	365239	00406833001	MORPHINE ER 30MG TAB MAL	30MG	100	2	02/04/16	2341342	1
2013	557249	50458084004	NUCYNTA 100MG TAB	100MG	100	2	08/04/16	2421247	1
2013	557223	50458082004	NUCYNTA 50MG TAB	50MG	100	2	02/10/14	2023969	1
2013	612341	50458086001	NUCYNTA ER 50MG TAB	50MG	60	2	12/19/14	2168509	1
2013	663054	63481081660	OPANA ER 20MG TAB	20MG	60	2	06/19/14	2082829	1
2013	663054	63481081660	OPANA ER 20MG TAB	20MG	60	2	08/20/14	2109053	1
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	01/08/14	2008760	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	01/13/14	2011337	2
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	01/21/14	2015252	6
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	02/10/14	2023938	2
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	02/13/14	2025488	2
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	02/24/14	2029565	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	03/07/14	2036266	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	03/18/14	2040630	2
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	03/19/14	2041224	1
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	03/27/14	2045573	2
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	03/31/14	2046719	2
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/09/14	2050973	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/11/14	2052075	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/18/14	2055517	2
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/21/14	2056361	1
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	04/30/14	2060633	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	05/05/14	2062766	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	05/13/14	2066347	3
2013	563957	10702005601	OXYCODONE 10MG TAB KVK	10MG	100	2	05/21/14	2070745	4

PSI 30b_503 - 066

Prescription Supply, Inc. - Purchase Rec'd
KAHLER PHARMACY - Account #: 2013
01/01/14 to 09/25/17

Run Date: 10-20-17

DATE	PSI ITEM	INVOICE NUMBER	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE NUMBER	QUANTITY	
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	05/29/14	2073136	3
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	06/05/14	2076727	2
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	08/07/14	2103652	5
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	09/08/14	2117390	4
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	10/03/14	2129117	4
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	10/07/14	2130528	3
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	10/21/14	2136428	3
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	01/29/15	2182994	2
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	03/04/15	2198333	2
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	03/06/15	2199566	2
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	10/01/15	2286279	2
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	01/13/16	2330896	4
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	02/04/16	2341342	4
2013	563957	10702005601	OXYCODONE 10MG TAB	KVK	10MG	100	2	02/04/16	2341371	2
2013	592360	00228287811	OXYCODONE 15MG TAB	ACT	15MG	100	2	01/09/14	2009670	4
2013	592360	00228287811	OXYCODONE 15MG TAB	ACT	15MG	100	2	02/07/14	2023005	4
2013	592360	00228287811	OXYCODONE 15MG TAB	ACT	15MG	100	2	02/17/14	2027007	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	01/02/14	2006525	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	01/13/14	2011337	1
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	01/15/14	2012265	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	01/24/14	2016705	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	03/04/14	2034365	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	03/07/14	2036286	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	03/14/14	2039113	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	03/18/14	2040630	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	03/27/14	2045573	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	04/01/14	2047577	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	04/07/14	2050001	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	04/16/14	2054347	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	04/18/14	2055517	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	04/30/14	2060633	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	05/05/14	2062766	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	05/08/14	2064416	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	05/16/14	2067938	5
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	06/02/14	2074652	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	07/07/14	2089660	1
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	07/31/14	2100420	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	08/04/14	2102078	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	09/09/14	2117705	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	10/06/14	2130030	6
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	10/08/14	2131120	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	10/16/14	2134633	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	10/23/14	2137670	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	10/30/14	2140606	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	11/05/14	2143262	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	11/17/14	2148882	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	11/21/14	2151257	5
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	12/01/14	2154717	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	12/02/14	2155620	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	12/10/14	2160102	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	12/16/14	2163506	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	12/23/14	2166608	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	01/02/15	2170365	3

PSI 30b_503 - 067

Prescription Supply, Inc. -- Purchase Record
 KAHLER PHARMACY - Account# 2013
 01/01/14 to 09/25/17

Run Date: 10-20-17

DATE	ITEM #	NDC	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	INVOICE #	QUANTITY	
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	01/30/15	2183533	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	02/04/15	2185275	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	02/09/15	2187231	3
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	02/11/15	2188534	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	03/06/15	2199566	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	03/09/15	2200502	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	09/25/15	2284025	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	04/14/16	2371598	4
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	06/02/16	2393628	2
2013	578393	10702000801	OXYCODONE 15MG TAB	KVK	15MG	100	2	01/10/17	2494989	4
2013	563965	107020005701	OXYCODONE 20MG TAB	KVK	20MG	100	2	01/08/14	2008760	2
2013	563965	107020005701	OXYCODONE 20MG TAB	KVK	20MG	100	2	06/05/14	2076727	1
2013	563965	107020005701	OXYCODONE 20MG TAB	KVK	20MG	100	2	10/21/14	2186428	1
2013	563965	107020005701	OXYCODONE 20MG TAB	KVK	20MG	100	2	11/17/14	2148982	2
2013	563965	107020005701	OXYCODONE 20MG TAB	KVK	20MG	100	2	06/27/16	2404416	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	01/02/14	2006525	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	01/08/14	2008760	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	02/25/14	2030786	4
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	03/10/14	2036961	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	03/14/14	2039113	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	03/21/14	2042687	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	03/24/14	2043837	4
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	03/27/14	2045573	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	03/31/14	2046719	4
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/01/14	2047577	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/07/14	2050002	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/09/14	2050873	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/11/14	2052075	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/16/14	2054347	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/21/14	2056361	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/23/14	2057414	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	04/30/14	2060633	4
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	05/05/14	2062766	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	05/16/14	2067938	1
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	05/29/14	2073136	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	05/30/14	2074076	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	06/05/14	2076727	4
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	08/07/14	2103425	4
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	08/13/14	2106292	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	02/27/15	2196148	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	10/26/15	2296414	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	02/11/16	2344808	3
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	06/02/16	2399628	2
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	01/09/17	2494298	1
2013	578401	10702000901	OXYCODONE 30MG TAB	KVK	30MG	100	2	01/10/17	2494989	1
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	01/09/14	2006611	4
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	01/13/14	2011337	2
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	01/27/14	2017630	3
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	01/28/14	2018397	4
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	01/30/14	2019126	5
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	01/31/14	2019960	6
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	02/10/14	2023938	2
2013	673046	57564022488	OXYCODONE 30MG TAB	SUN	30MG	100	2	02/13/14	2025488	2

PSI 30b_503 - 068

Prescription Supply, Inc. - Purchase Recap
 KAHLE PHARMACY - Account #: 2013
 01/01/14 to 05/25/17

Run Date: 10-20-17

DATE	ITEM #	ITEM NAME	ITEM DESCRIPTION	STRENGTH	SIZE	CLASS	DATE	THRU DATE	QUANTITY
2013	673046	57664022488	OXYCODONE 30MG TAB SUN	30MG	100	2	02/17/14	2027007	4
2013	673046	57664022488	OXYCODONE 30MG TAB SUN	30MG	100	2	02/27/14	2031848	5
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/13/14	2011337	3
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/15/14	2012265	4
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/24/14	2016705	4
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/28/14	2018397	4
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	02/07/14	2023005	3
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	02/13/14	2025488	3
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	02/13/14	2025704	3
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	02/24/14	2029565	6
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	03/13/14	2038505	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	03/14/14	2039113	3
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	03/21/14	2042687	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	05/11/14	2065776	6
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	05/22/14	2070745	6
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	05/30/14	2074076	6
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	06/16/14	2081120	6
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	06/20/14	2083555	5
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	07/18/14	2095129	4
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	08/01/14	2100901	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	08/08/14	2104052	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	08/13/14	2106292	3
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	08/20/14	2109052	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	01/30/15	2183533	4
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	03/19/15	2205726	3
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	05/15/15	2231204	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	08/28/15	2273315	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	10/01/15	2286279	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	02/04/16	2341342	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	03/04/16	2354852	4
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	06/02/16	2393628	2
2013	578419	10702001801	OXYCODONE 5MG TAB KVK	5MG	100	2	07/01/16	2406955	4
2013	673053	57664022388	OXYCODONE 5MG TAB SUN	5MG	100	2	02/11/15	2188534	4
2013	869461	00093573201	OXYCODONE ER 20MG TAB TEV	20MG	100	2	02/24/16	2350719	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	12/21/16	2485573	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	12/23/16	2487151	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	12/29/16	2489623	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	12/30/16	2490085	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	01/18/17	2499446	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	02/17/17	2514168	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	03/30/17	2533145	1
2013	874388	00115156001	OXYCODONE ER 40MG TAB GLD	40MG	100	2	04/03/17	2534542	1
2013	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	04/22/14	2056776	10
2013	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	08/07/14	2103550	5
2013	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	08/08/14	2104052	1
2013	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	11/17/14	2148982	5
2013	828038	47781023001	OXYCODONE/APAP 10/325MG AL	10/325	100	2	12/04/14	2157007	10
2013	672758	47781023005	OXYCODONE/APAP 10/325MG AL	10/325	500	2	03/20/14	2042169	2
2013	672758	47781023005	OXYCODONE/APAP 10/325MG AL	10/325	500	2	05/03/14	2061727	1
2013	672758	47781023005	OXYCODONE/APAP 10/325MG AL	10/325	500	2	06/04/14	2075890	1
2013	672758	47781023005	OXYCODONE/APAP 10/325MG AL	10/325	500	2	06/20/14	2083555	1
2013	672758	47781023005	OXYCODONE/APAP 10/325MG AL	10/325	500	2	07/02/14	2088083	1
2013	672758	47781023005	OXYCODONE/APAP 10/325MG AL	10/325	500	2	07/11/14	2092101	1

PSI 30b_503 - 069

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATIONNOTICE OF INSPECTION
OF CONTROLLED PREMISES

DEA USE ONLY
FILE NUMBER

NAME OF INDIVIDUAL <u>James Schoen</u>	TITLE <u>Controlled Substance Mgr.</u>
NAME OF CONTROLLED PREMISES <u>Prescription Supply Inc.</u>	<u>[REDACTED]</u>
NUMBER AND STREET <u>2733 Tracy Road</u>	DATE <u>7/24/02</u>
CITY AND STATE <u>Northwood, Ohio</u>	ZIP CODE <u>43619</u>
	TIME (initial inspection)

STATEMENT OF RIGHTS

1. You have a constitutional right not to have an administrative inspection made without an administrative inspection warrant.
2. You have the right to refuse to consent to this inspection.
3. Anything of an incriminating nature which may be found may be seized and used against you in a criminal prosecution.
4. You shall be presented with a copy of this Notice of Inspection.
5. You may withdraw your consent at any time during the course of the inspection.

ACKNOWLEDGEMENT AND CONSENT

I, James Schoen, have been advised of the above Statement of Rights
by DEA Diversion Investigator - Angie Francis, who
(Name) (Title and Name)

has identified himself/herself to me with his/her credentials and presented me with this Notice of Inspection containing a copy of sections 302(f) and 510(a), (b) and (c) of the Controlled Substances Act (21 U.S.C. 822(f) and 21 U.S.C. 830(a), (b) and (c), printed hereon, * authorizing an inspection of the above-described controlled premises. I hereby acknowledge receipt of this Notice of Inspection. In addition, I hereby certify that I am the Controlled Substance Manager
(President) (Manager) (Owner)

for the premises described in this Notice of Inspection; that I have read the foregoing and understand its contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

I understand what my rights are concerning inspection. No threats or promises have been made to me and no pressure of any kind has been used against me. I voluntarily give consent for inspection of these controlled premises.

James Schoen
(Signature)

7/24/02
(Date)

WITNESSES:

[Signature]
(signed)

7/24/02
(date)

[Signature]
(signed)

7/24/02
(date)

* See Reverse

PSI 30b_ 503 - 070

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATIONNOTICE OF INSPECTION
OF CONTROLLED PREMISES

DEA USE ONLY
FILE NUMBER

NAME OF INDIVIDUAL <u>Jim Schoen</u>	TITLE <u>CA Clerk</u>
NAME OF CONTROLLED PREMISES <u>PRESCRIPTION SUPPLY INC.</u>	<u>[REDACTED]</u>
NUMBER AND STREET <u>2233 TRACY ROAD</u>	DATE <u>9-18-08</u>
CITY AND STATE <u>Northwood, Ohio</u>	ZIP CODE <u>43619</u>
	TIME (initial inspection) <u>9:30 AM</u>

STATEMENT OF RIGHTS

1. You have a constitutional right not to have an administrative inspection made without an administrative inspection warrant.
2. You have the right to refuse to consent to this inspection.
3. Anything of an incriminating nature which may be found may be seized and used against you in a criminal prosecution.
4. You shall be presented with a copy of this Notice of Inspection.
5. You may withdraw your consent at any time during the course of the inspection.

ACKNOWLEDGMENT AND CONSENT

I, Jim Schoen (Name), have been advised of the above Statement of Rights
by DEA Diversion Investigator Sandra White-Hope (Title and Name), who

has identified himself/herself to me with his/her credentials and presented me with this Notice of Inspection containing a copy of sections 302(f) and 510(a), (b) and (c) of the Controlled Substances Act (21 U.S.C. 822(f) and 21 U.S.C. 880(a), (b) and (c), printed hereon, * authorizing an inspection of the above-described controlled premises. I hereby acknowledge receipt of this Notice of Inspection. In addition, I hereby certify that I am the CA Clerk Jim Schoen (President) (Manager) (Owner)

for the premises described in this Notice of Inspection; that I have read the foregoing and understand its contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

I understand what my rights are concerning inspection. No threats or promises have been made to me and no pressure of any kind has been used against me. I voluntarily give consent for inspection of these controlled premises.

James T. H.
(Signature)

9-18-08
(Date)

WITNESSES:

[Signature] 9-18-08
(signed) (date)

[Signature] 9/18/08
(signed) (date)

* See Reverse

PSI 30b_503 - 071

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATIONNOTICE OF INSPECTION
OF CONTROLLED PREMISES

DEA USE ONLY
FILE NUMBER

NAME OF INDIVIDUAL	TITLE	
NAME OF CONTROLLED PREMISES Prescription Supply Inc.	DEA REGISTRATION NO. [REDACTED]	
NUMBER AND STREET 2233 Tracy Road	DATE 9/11/13	
CITY AND STATE Northwood, Ohio	ZIP CODE 43619	TIME (initial inspection) 5:45 am

STATEMENT OF RIGHTS

1. You have a constitutional right not to have an administrative inspection made without an administrative inspection warrant.
2. You have the right to refuse to consent to this inspection.
3. Anything of an incriminating nature which may be found may be seized and used against you in a criminal prosecution.
4. You shall be presented with a copy of this Notice of Inspection.
5. You may withdraw your consent at any time during the course of the inspection.

ACKNOWLEDGMENT AND CONSENT

I, Jim Schenck, have been advised of the above Statement of Rights
(Name)
by DEA Diversion Investigator Paula Albert, who
(Title and Name)

has identified himself/herself to me with his/her credentials and presented me with this Notice of Inspection containing a copy of sections 302(f) and 510(a), (b) and (c) of the Controlled Substances Act (21 U.S.C. 822(f) and 21 U.S.C. 880(a), (b) and (c), printed hereon, * authorizing an inspection of the above-described controlled premises. I hereby acknowledge receipt of this Notice of Inspection. In

addition, I hereby certify that I am the

C. S. M. [Signature] L. H. Clark
(President) (Manager) (Owner)

for the premises described in this Notice of Inspection; that I have read the foregoing and understand its contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

I understand what my rights are concerning inspection. No threats or promises have been made to me and no pressure of any kind has been used against me. I voluntarily give consent for inspection of these controlled premises.

[Signature]
(Signature)
9-11-13
(Date)

WITNESSES:

D/I Paula Albert [Signature]
(signed)

9/11/13
(date)

D/I Jason Smith [Signature]
(signed)

9/11/13
(date)

* See Reverse

PSI 30b_ 503 - 072

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATIONNOTICE OF INSPECTION
OF CONTROLLED PREMISES

DEA USE ONLY
FILE NUMBER

NAME OF INDIVIDUAL	TITLE	DEA REGISTRATION NO.
NAME OF CONTROLLED PREMISES & Prescription Supply Inc	V.P.	[REDACTED]
NUMBER AND STREET 2233 Tracy Road	DATE	
CITY AND STATE Northwood, OH	ZIP CODE 43619	TIME (initial inspection) 9:40 am

STATEMENT OF RIGHTS

1. You have a constitutional right not to have an administrative inspection made without an administrative inspection warrant.
2. You have the right to refuse to consent to this inspection.
3. Anything of an incriminating nature which may be found may be seized and used against you in a criminal prosecution.
4. You shall be presented with a copy of this Notice of Inspection.
5. You may withdraw your consent at any time during the course of the inspection.

ACKNOWLEDGMENT AND CONSENT

I, Charles S. Smith (Name), have been advised of the above Statement of Rights
by DEA Diversion Investigator Jason Smith (Title and Name), who-

has identified himself/herself to me with his/her credentials and presented me with this Notice of Inspection containing a copy of sections 302(f) and 510(a), (b) and (c) of the Controlled Substances Act (21 U.S.C. 822(f) and 21 U.S.C. 880(a), (b) and (c), printed hereon, * authorizing an inspection of the above-described controlled premises. I hereby acknowledge receipt of this Notice of Inspection. In

addition, I hereby certify that I am the

V.P. (President) (Manager) (Owner)

for the premises described in this Notice of Inspection; that I have read the foregoing and understand its contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

I understand what my rights are concerning inspection. No threats or promises have been made to me and no pressure of any kind has been used against me. I voluntarily give consent for inspection of these controlled premises.

(Signature) [Signature]

(Date) 5-6-15

WITNESSES:

Wayne Groves

(signed) [Signature]

(date) 5-6-15

Jason Smith

(signed) [Signature]

(date) 5/6/15

* See Reverse

PSI 30b_ 503 - 073

Prescription Supply Inc.
Pharmaceutical Wholesale Distributor
2233 Tracy Road Northwood, Ohio 43619

April, 2014

SUSPICIOUS ORDER MONITORING STATEMENT

Prior to acceptance of a new customer or in review of all existing customers, a Controlled Substances Retail Pharmacy Questionnaire must be completed. (See attached.)

PSI's Controlled Substance Manager reviews the completed questionnaire. This, along with past and projected purchases, is discussed with the store owner/pharmacist, requesting usage data as appropriate. All relevant licenses are verified. Online searches are completed. When warranted, PSI personnel contact the DEA, State Board of Pharmacy and/or the local police department. Stores are visited.

Thresholds are then established for certain drug families for this specific customer. These families include, but are not limited to: Methadone, Hydrocodone, Oxycodone, Alprazolam, Phentermine, Prometh with Codeine, Tramadol, Carisoprodol and Buprenorphine. Orders in excess of established thresholds are terminated in our system, not permitting shipment.

Suspect orders are held for review. The customer is contacted with a request for additional written documentation, such as but not limited to, prescribing history and prescriber data. This, along with purchase history, is reviewed and a determination is made regarding the order.

If criminal activity is suspected for any reason, such as but not limited to vendor/customer verification, unexplained product losses in-house or in-transit or suspicious customer product orders, the Controller Substance Manager shall report, as appropriate, to the relevant State Board of Pharmacy, Northwood Police Department, as well as the Drug Enforcement Agency (DEA) for controlled substances.

A monthly Order Monitoring Report of all controlled substances is run. This report monitors for variance in sales shipped. Using this report, monthly sales data is reviewed for each customer in reassessment of limits. Stores are notified of limit changes as appropriate.

According to 21 CFR 1304.22 and Automated Reports and Consolidated Orders System (ARCOS) policy, we report monthly to the Drug Enforcement Agency all transactions of items deemed as reportable. These include narcotics, as well other non-narcotic items as stipulated by DEA, including Pseudoephedrine. We receive a monthly acknowledgement in response.

PSI0000079

PRESCRIPTION SUPPLY, INC. 2233 TRACY ROAD NORTHWOOD, OH 43619

RETAIL PHARMACY QUESTIONNAIRE 2016

Questionnaire is to be completed by the Owner, Business Officer or Authorized Signatory for a pharmacy wishing to purchase **Controlled Substances**.

1. RETAIL PHARMACY NAME: _____ PSI ACCT#: _____
 DBA: _____
 ADDRESS: _____

 PHONE: _____ FAX: _____ E-MAIL: _____
 PHARMACY NCPDP or NPI #: _____ PHARMACY DEA #: _____
 STATE PHARMACY LICENSE #: _____
 Has the pharmacy ever operated under a different name? (circle one) NO YES If yes, NAME: _____
 Pharmacy Hours: Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____
 Sunday _____
2. Current ratio of **Controlled Substances (CS)** to Non-CS INVOICED lines % _____
 Current ratio of **Controlled Substances (CS)** to Non-CS DISPENSED lines % _____
 Use PSI as a _____ Primary _____ Secondary supplier
 Do you have a prime Vendor Agreement (circle one) NO YES
 Are you part of a buying group? (circle one) NO YES Name: _____
3. Number of Employees: _____ Are background checks done? (circle one) YES NO
 Pharmacists at this location: NAME: _____ (RPh in Charge) License #: _____
 NAME: _____ License # _____
 NAME: _____ License # _____
4. Have any of these pharmacists or the pharmacy ever been sanctioned/disciplined in the state(s) licensed? NO YES If yes, give details _____
5. Is this pharmacy affiliated with any other pharmacy? (circle one) NO YES If yes, please provide:
 Name: _____ Address: _____
 Phone: _____ Fax: _____
If there are any other affiliates, please note at the end of this form.
6. Ownership Type: (circle one) Sole Proprietor Partnership Corporation Other: _____
 If corporation: State of Incorporation: _____ CEO: _____
 Owner's Name: _____
 Owner's Email: _____
 Time under present ownership: _____ years _____ months Is the owner a registered pharmacist? (circle one) NO YES
 Owner's Name: _____
 Owner's Email: _____
 Time under present ownership: _____ years _____ months Is the owner a registered pharmacist? (circle one) NO YES
7. Date most recent Board of Phcy Inspection: _____ Date most recent DEA inspection: _____
8. Has the pharmacy ever had a DEA registration suspended or revoked? (circle one) NO YES
 If yes, explain: _____
9. Has the owner ever had a DEA registration suspended or revoked? (circle one) NO YES
 If yes, explain: _____
10. Is the pharmacy a member of any profession associations (NABP, NCPA, APHA, etc)? (circle one) NO YES If yes, please list: _____

PRESCRIPTION SUPPLY, INC. 2233 TRACY ROAD NORTHWOOD, OH 43619

11. Does the pharmacy have any other certifications? (circle one) NO YES If yes, please give specifics: _____

12. Does the pharmacy have any other licensures/registrations (repackager, wholesaler, etc.)? (circle one) NO YES If yes, please list and provide copies of each: _____

13. Is the pharmacy a specialty pharmacy? (circle one) NO YES

14. The following percentages describe the pharmacy's business activities (totals 100%)

_____% Retail _____% Long Term Care _____% Hospice/Pain Management

_____% Infusion _____% Compounding _____% Other _____

15. The following percentages describe the manner of receiving business (totals 100%)

_____% Walk-In _____% Phone _____% Fax

_____% Mail Order EXPLAIN _____

_____% Internet EXPLAIN _____

16. States into which this pharmacy dispenses **controlled substances (CS)**:

State: _____ License #: _____

State: _____ License #: _____

17. Are prescriptions written by prescribers located in the state the patient resides? (circle one) NO YES If no, which state _____

18. Does your state have a way to check to see if a patient is prescriber/pharmacy shopping? (circle one) YES NO

If yes, Name: _____ Do you utilize this? (circle one) YES NO

19. List your top FIVE prescribers for Controlled substances:

Name: _____ DEA# _____ State License # _____

Address: _____

Does prescriber check to see if long term patients are taking meds through blood work or other means? (circle one) YES NO

Name: _____ DEA# _____ State License # _____

Address: _____

Does prescriber check to see if long term patients are taking meds through blood work or other means? (circle one) YES NO

Name: _____ DEA# _____ State License # _____

Address: _____

Does prescriber check to see if long term patients are taking meds through blood work or other means? (circle one) YES NO

Name: _____ DEA# _____ State License # _____

Address: _____

Does prescriber check to see if long term patients are taking meds through blood work or other means? (circle one) YES NO

Name: _____ DEA# _____ State License # _____

Address: _____

Does prescriber check to see if long term patients are taking meds through blood work or other means? (circle one) YES NO

20. How many prescriptions are filled: Daily _____ Monthly _____

21. Give the percentages of the following product types you expect to purchase from PSI (totals 100%):

HBA/OTC _____% Non-Controlled RX _____% **Controlled Substances(CS)** _____% Compounding Chemicals _____%

22. Give the percentages of the following product types you expect to purchase from other suppliers (totals 100%):

HBA/OTC _____% Non-Controlled RX _____% **Controlled Substances(CS)** _____% Compounding Chemicals _____%

Please provide a list of all suppliers that you intend to continue using:

Please provide a list of suppliers that you have used in the last two years:

PRESCRIPTION SUPPLY, INC. 2233 TRACY ROAD NORTHWOOD, OH 43619

23. Have you ever been refused **controlled substance (CS)** orders by any other distributor/wholesaler?(circle one) NO YES If yes, please explain: _____
24. Does the pharmacy expect to dispense more than 3000 dosage units (tabs/caps) of **Phentermine** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
25. Does the pharmacy expect to dispense more than 4000 dosage units (tabs/caps) of **Hydrocodone** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
26. Does the pharmacy expect to dispense more than 4000 dosage units (tabs/caps) of **Alprazolam** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
27. Does the pharmacy expect to dispense more than 4000 dosage units (tabs/caps) of **Oxycodone** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
28. Does the pharmacy expect to dispense more than 3000 dosage units (tabs/caps) of **Methadone** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
29. Does the pharmacy expect to dispense more than 5760 ml of **Prometh w/Codeine** a month? NO YES
If yes, indicate the volume and reason why: _____
30. Does the pharmacy expect to dispense more than 4000 dosage units of **Soma/Carisoprodol** a month? NO YES
If yes, indicate the volume and reason why: _____
31. Does the pharmacy expect to dispense more than 3000 dosage forms of **Buprenorphine** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
32. Does the pharmacy expect to dispense more than 5000 dosage forms of **Tramadol** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
33. Does the pharmacy expect to dispense more than 400 dosage forms of **Fentanyl** a month? (circle one) NO YES
If yes, indicate the volume and reason why: _____
34. If the reason for a YES answer to questions 24-33 is Pain Management Clinics/Physicians, please list each prescriber name with their DEA #. Attach additional pages if necessary.
- | | |
|------------|------------|
| NAME _____ | DEA# _____ |
| NAME _____ | DEA# _____ |
| NAME _____ | DEA# _____ |
35. Does the pharmacy have, or are you affiliated with, a web site? NO YES If yes, provide all web addresses: _____

****NOTE:** If no, you are required to notify us IMMEDIATELY upon establishing/affiliating with a web site.

36. Check the following types of payments the pharmacy received for **controlled substances** and provide the approximate percentage of total payments (totaling 100%):

Private Insurance	NO	YES	_____ %
Medicare/Medicaid	NO	YES	_____ %
Cash	NO	YES	_____ %
Other	NO	YES	_____ %

Details for "Other" _____

Please see next page.

PSI 30b_ 503 - 077

PRESCRIPTION SUPPLY, INC. 2233 TRACY ROAD NORTHWOOD, OH 43619

PLEASE DATE AND ATTACH PHOTOGRAPHS OF YOUR PHARMACY:

2 INTERIOR, INCLUDING COUNTER AREA

Email to: JSchoen@prescriptionsupply.com

2 EXTERIOR, FRONT AND BACK OF BUILDING

I, as the **Owner, Authorized Representative or Officer of the Owner**, declare under penalty of perjury that I have completed this Retail Pharmacy Questionnaire to the best of my knowledge and believe the information provided is true, accurate and complete.

WITNESS:

AUTHORIZED SIGNATOR:

Signature

Signature

Printed Full Name

Printed Full Name

Title

Title

Date

Date

SIGNATORS AUTHORIZED TO PURCHASE CONTROLLED SUBSTANCES:

****NOTE:** Prior to adding any new personnel authorized to order Controlled Substances, you are required to notify PSI and provide the information below

Signature

Signature

Printed Full Name

Printed Full Name

Title

Title

Date

Date

Signature

Signature

Printed Full Name

Printed Full Name

Title

Title

Date

Date

PSI0000083